Lectures
ON
THE SURGICAL TREATMENT OF ANEURISM
IN ITS VARIOUS FORMS.

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LECTURE II.—PART II.

WE now come to six cases in which the simultaneous double distal ligature has been performed according to Wardrop's method.

The first of these cases belongs to Mr. Heath, to whose enterprise and unwearied perseverance the profession owes the realisation of Wardrop's proposal—a step in surgery which I am confident will lead to much practical advance in the treatment of thoracic aneurisms. The operation has not as yet been permanently successful, but in Mr. Heath's case there was quite sufficient benefit to justify the operation and encourage its repetition. The preparation is in the museum of the College. The case is too well known to make it necessary to read it at length. I hardly think it possible to produce more distinct evidence of benefit from any operation than is furnished in this case by the relief to the dyspnœa, the diminution in the size of the tumour (so that it receded into the chest, leaving the hole in the thoracic parietes perceptible), and the prolongation of life so long as four years, under the most unfavourable circumstances. Had the patient kept quiet, and submitted after the operation to the regimen prescribed by Mr. Tufnell, it is possible that she might have been cured; and had it not been for the unfortunate administration of emetics it seems certain that the fatal growth of the tumour would not then have taken place. It must not be forgotten that in Mr. Heath's case the aorta was alone implicated, the sac projecting from the arch in front of the innominate artery, and having its mouth close to that vessel. The improvement must be referred to the derivation of the stream of blood into the lower part of the arch, thus relieving the first or convex portion of the vessel. But it is clear that in a pure innominate aneurism, such as Mr. Fearn's case, the effect would be much more direct and powerful.

The fourth case in the table, Mr. Maunder's, would in many respects be one of the most interesting if the account given of it had been adequate and the preparation carefully made and preserved. Death occurred on the sixth day after operation, and it would appear that it was attributed to the clotting of blood in the aneurismal sac, extending into and obstructing the aorta. The preparation, however, does not show this, for the clot has been removed or allowed to fall out. It must be evident how strong a bearing it would have had on the theory of this operation if we had really possessed tangible proof that so great an amount of coagulation could be produced in an aortic sac by the distal operation.

In Sands' case there was no very marked benefit (though it was thought there was relief to the dyspnœa) and no detriment from the operation. The paper which Dr. Sands published in the *New York Medical Record* for Feb. 1st, 1869, is a most interesting one, and will well repay perusal. In this case also the disease, as I learn by a letter just received from Dr. Sands, was purely aortic. The aneurism arose in front of the innominate artery, and had pushed that vessel back four inches from the surface of the body, but the innominate itself was not diseased. In fact, the state of parts must have much resembled that which existed in Mr. Heath's patient.

In Mr. James Lane's recent case the tumour extended so far up the neck that there could be little doubt the innominate artery was involved in the disease, though it was impossible to ascertain whether the aorta were affected or not. However, the case proved fatal some weeks after the discharge of the patient from hospital, in consequence of the continued growth of the tumour and its rupture externally; and as no autopsy was permitted, the value of the case for our present purpose is much diminished. But we must not forget to note that in this case the operation, although, as far as can be judged by the notes, as clearly indicated as it usually is, proved entirely useless in checking the growth of the aneurism. I conjecture that in this case the tumour, though it extended far up the neck and simulated an innominate aneurism, really had its origin in the aorta.

Mr. Durham's case is also incomplete, for the patient died on the sixth day after the operation, apparently from the shock. No lesion was found which accounted for death. The tumour was extremely large, and extended up the neck so far that the carotid was only accessible on a level with the upper border of the thyroid cartilage. Still the innominate was the only artery actually implicated in the aneurism, although the sac had grown for so great a distance along the course of the carotid; but the origin of the innominate in the aorta was greatly dilated. In tying the arteries it was noticed that the ligature of the subclavian (the first artery tied) was followed by a very marked diminution in the force and fulness of the pulsation; that of the carotid caused no further change. During the short time he survived, the aneurism was noticed to become smaller and more solid.

The case on which I operated was in many respects an interesting and important one; but I will only briefly indicate its leading features, from a very good account of it drawn up by my clinical clerk, Mr. Stirling. The patient was a man aged fifty, who was transferred to my care at St. George's Hospital by Dr. Wadham. The tumour was situated chiefly behind the first bone of the sternum, which was much absorbed, and it also extended above the sterno-clavicular articulation for a short distance. Its aneurismal nature admitted of no doubt; but there was no bruit, and no very striking difference in the pulsation of the right and left arteries, for though some difference in the pulse at the two wrists was thought to be perceived by the finger, this was negatived by the sphygmograph. The internal treatment of the aneurism, by absolute rest and moderate diet without stimulants, was sedulously followed from April 28th, the date of his admission, to Nov. 1st. The temporary improvement which always ensues in the commencement of this treatment, as the pulse becomes regular and slow, soon ceased. Efforts were made to stop the growth of the tumour by the injection of ergotine into the neighbourhood, according to Langenbeck's suggestion, by acetate of lead long continued so as to produce its characteristic symptoms, and by local cold and compression; but it became evident that the aneurism was slowly extending through the thoracic parietes. It was decided, therefore, that the operation of distal ligature was justifiable, and I noticed and pointed out to my colleagues that on compressing both the subclavian and carotid arteries firmly a remarkable diminution occurred in the force of the tumour's pulsation and in its rate, and that, on testing the effect of compressing either artery singly, it was found that the effect was much greater when the subclavian alone was held than when the carotid was compressed. If it had been the reverse, I should have recommended the ligature of the carotid only; but as I have no confidence in the ligature of the third part of the subclavian alone for this disease, and yet it seemed that the stoppage of the circulation through that vessel checked the pulsation of the aneurism, I proposed the simultaneous ligature of both arteries. This was done on Nov. 16th, the vessels being tied tightly with a stout ligature of carbolised catgut, the ends cut close to the knot. I had previously ascertained on the dead subject that this ligature tied tightly on the subclavian artery divided the two internal coats. In each operation some small superficial vessels were tied, and it was found afterwards that by inadvertence silk had been used for this purpose in the subclavian wound, and possibly in the carotid also. The wounds were united with the continuous suture (also of catgut) and dressed according to the plan recommended by Mr. Lister. The patient, however, was restless, occasionally delirious, at night, and it was found next day that he had disturbed all the dressings, so that the attempt to treat the case on the "antiseptic" plan was abandoned. The carotid wound suppurated a little, but was finally closed on the thirteenth day. The subclavian wound soon contracted to a short sinus, and so remained till the patient's death. A day or two before the fatal issue the

cause of this became apparent by the projection out of the sinus of one of the truncated silk ligatures, and after death another small knot of silk was found loose and lying close under the little opening. The tumour at first diminished slightly in its pulsations, but soon returned to about what it had been before the operation, and it was quite evident that the ligature had had no curative effect. In the last few days of the year it began to grow rapidly and to produce great dyspnœa, the skin also became somewhat thin and livid. Rupture of the sac being obviously impending, it was resolved to try galvano-puncture. Four needles were inserted parallel to each other and about an inch apart. Dr. Althaus applied the constant current of from ten to twenty-five cells of Smee's battery (Foucaux's arrangement). The positive pole was first applied to each needle, the negative being in the first place applied to the skin; then the positive pole was applied to the next needle and the negative to the one from which the positive had just been shifted, the changes being made every five minutes, so that the whole process lasted twenty-five minutes. He complained much of pain, particularly when the changes were made. Arterial blood jetted freely from the punctures as the needles were withdrawn, but the hæmorrhage was at once checked by pressure. For the first two days the tumour decreased in size, but afterwards it increased both in size and pulsation; redness and œdema extended around it in all directions, and he died on Jan. 10th, at 9 A.M. On the previous night, seeing that the skin was whitish and soft, and apprehending that the tumour might be suppurating, I punctured it deeply with a thin knife. A little froth of blood and a gush of air alone issued from the puncture. At the autopsy the whole of the cellular tissue around the tumour was found loaded with lymph and much indurated. This diffuse inflammation extended the whole way up the neck, rendering the dissection extremely difficult. The aneurismal sac involved the whole of the innominate artery, and opened into the aorta by a very large orifice. It was almost filled with blood-coagula, which were firmly adherent to the sac, but had not assumed any regular concentric lamination. The aorta was greatly dilated and very atheromatous. The heart was healthy. The arteries opening out of the tumour seemed healthy; their continuity was not interrupted at the site of ligature. On the carotid, lying between it and the vein, there was a lump, something like a small gland, and the artery was constricted. When laid open its calibre was found to be interrupted merely by a thin stratum of partly decolorised clot; a distinct ridge or transverse mark indicated the position of the ligature, and below this (between it and the heart), at about one-eighth of an inch distant, were two very minute apertures in the internal coat. One did not lead through the walls of the vessel; the other led into the small lump above mentioned, which was a mass of cellular tissue and débris of blood-clot, in which no trace of the ligature could be found, though carefully looked for, nor was there a trace of the ligature in any other part. In the subclavian also there were no remains of the catgut ligature. This artery was not interrupted in its continuity at the place where it had been tied, but was completely closed by a diaphragm less than a quarter of an inch thick.

The case appeared to me to point to the following conclusions:—That the double distal ligature will not produce consolidation in an innominate aneurism if it is partly aortic—i. e., if it opens into the aorta by a greatly dilated orifice. That galvano-puncture may be employed in such a tumour with the effect of producing great consolidation; but that if this consolidation is very rapid there is risk of inflammation. That arteries may be tied as securely with the carbolised catgut ligature as with silk. That such ligatures melt away in the wound without being discharged from it. That an artery under such circumstances may preserve its continuity, whilst its tube is obliterated at the part tied; and thus that the chief risk of secondary hæmorrhage after the ligature is obviated.

In the *Boston Medical and Surgical Journal* for Aug. 6th, 1868, a case is related by Dr. Hodges in which these arteries were tied for supposed aneurism of the innominate or aorta. The patient died eleven days after operation. At the post-mortem examination (which was hurried and imperfect) no aneurism of either artery was found, though both were dilated. The tumour which existed during life "was undoubtedly the distended arteria innominata pushed up into the neck by the dilated and stiffened aorta."

A case is related by Dr. Cheever in the same journal for May 6th, 1869 (vol. iii., p. 239), in which he endeavoured to tie these arteries, without success. The patient was rendered insensible and almost killed by ether. He took it for twenty minutes, and finally his blood became entirely dark and venous. The incision on the carotid artery failed to reach it, as the venous oozing obscured everything, and the operator could not see the parts. So with the subclavian: nothing could be seen; great venous hæmorrhage took place; the operator tried to secure the artery by touch; in passing the needle, as he supposed, under the artery, he lacerated the vein; and then tried to secure the vein by free dissection, and at last by cutting through the clavicle, but unsuccessfully. The patient died in two hours. The aneurism was purely innominate, contained a good deal of clot, and the vertebral was plugged. It was therefore a a very good case for the operation.

Such is our present experience of the double distal ligature. It is undoubtedly a formidable proceeding, and one not to be lightly undertaken. There are the operative difficulties, which, in a tumour so large as Mr. Durham's, for instance, will prove sometimes formidable; there are the chances of erroneous diagnosis, as in Dr. Hodges' case, where there was no aneurism at all—in Mr. Heath's, Mr. Maunder's, and Dr. Sands', where it was purely aortic, and where any beneficial effect that could follow the operation would probably be secured by the ligature of the carotid only; and, lastly, there is the danger of not being able to complete the operation. In Dr. Cheever's case the failure seems to have been caused by extreme venous congestion produced by the ether. In a second case in which Mr. Heath attempted the double ligature, he was unable to reach the subclavian in consequence of its being overlaid by a lobe of the sac, filling the subclavian triangle. Yet even in this case the tumour was purely aortic—a notable instance of the impossibility, in the present state of our knowledge, of pronouncing an absolutely confident diagnosis between aortic and innominate aneurism.

Let us now turn to the cases comprised in our third class, in which the carotid alone has been tied on the distal side of an aneurism; and here, I think, the evidence of benefit derived from the operation, in some of the cases, is so conclusive as to justify me in the inference that this operation is urgently indicated in any instance which may prove appropriate.

It will be convenient here to separate from each other those cases where the aneurism was proved to be innominate, or where there were good grounds for assuming that it was so, and those in which it was wholly or partly aortic; and I will only dwell on those cases which are known with sufficient accuracy to warrant me in founding definite conclusions on them.

Those which are reported as purely innominate are eleven in number: Aston Key's, Hutton's, Dohlkoff's, Wright's, Hewson's, Broadbent's, Neumeister's, Scott's, Ordile's, and the two cases of Nussbaum. At first sight, and to one who followed the miscalled statistical method of reasoning, nothing can appear more disastrous than the experience of these eleven cases, since all the patients died within a few weeks at furthest from the time of operation. But in some of the cases which are more accurately known to us there is quite sufficient evidence of the curative power of the operation to justify its repetition—nay, I think, to make it imperative.

Perhaps the most striking and convincing case is that operated on by Dr. Wright, of Montreal. I can only give the briefest possible sketch of this important case; but I would urge upon those surgeons who wish to make up their minds fairly as to the worth of the distal operation in appropriate cases of innominate aneurism to study the able pamphlet which Dr. Wright has written upon this case, and to compare the preparation, as represented here, with the drawing which I have previously referred to of the spontaneous cure of an aneurism of this nature from St. George's Hospital museum. Finding that this important pamphlet is but little known, I have induced Dr. Wright to present copies to the library of this College and of the Royal Medical and Chirurgical Society.

Dr. Wright's patient was a man seventy years of age. The tumour presented in the episternal pit, in about the median line. It had been mistaken for an abscess, and had been poulticed; but it had the pulsation and bruit of

aneurism, and was on the point of bursting, the skin over the apex of the tumour being "greatly attenuated and slightly excoriated." The ligature of the carotid was followed by immediate subsidence of the tumour, and rapid consolidation of its more prominent part. And what is, as far as I know, unique in this case is that the attenuated skin gave way on the second day after the operation, and large quantities of serum continued for more than a week to drain away through it from the subjacent blood-clot, nor did union become perfect in the resulting fistula for more than three weeks. The tumour gradually subsided, and in about a month had ceased to be perceptible. But about three weeks after the operation he was attacked with hemiplegia, and, after lingering in a dubious state for a long while, he died, eighty-seven days after the ligature, with abscesses in the brain.

The immediate effects of the operation speak for themselves: the aneurism on the point of bursting before the operation; the immediate collapse of the tumour, and the diminution of its pulsations; the giving way of the skin on the second day after the operation; the fact that the sac was then so obstructed by coagulum that the fluid which oozed from the rupture was not blood, but serum; the continuous shrinking of the tumour as the clot became firmer and more fibrillated; and the ultimate healing of the sinus as the tumour shrank. The operation proved fatal by its effect on the brain, the patient dying with abscess in the cerebral hemisphere, as has happened in some other cases of ligature of the carotid. But the state of parts shows clearly that, had he survived, the aneurism would in all likelihood have given him as little trouble as Dr. Bence Jones's patient experienced after the obliteration of the carotid by impacted clot. The resemblance is, in fact, most striking. The carotid is seen in Dr. Wright's, as in Dr. Bence Jones's case, to be obstructed from its origin in the tumour to its bifurcation. The whole of the upper and front part of the sac is filled with firm clot, and the only portion which remains unobliterated is the channel which has been left for the transmission of the blood from the aorta to the subclavian.

Dr. Hutton's case is interesting mainly on account of the suppuration of the sac which ensued, and which was the cause of death. In this case "Valsalva's treatment" had been tried previous to the operation; and if by this expression is meant the enormous venesection and the injudicious depletion which that surgeon recommended, it is quite open to us to conjecture that both the failure of union which affected the portion of the artery included in the ligature and the failure to form firm coagula in the sac may have been due to the impression so produced on the system. In this case the subclavian artery was partially obstructed by coagula, which would have been probably a favourable circumstance for the cure of the aneurism had the patient possessed sufficient power of recovery. The failure of union in the artery and of consolidation in the sac in this instance does not render the occurrence of both less probable in a patient of more vigorous constitution.

NOTES
ON THE
GENERAL PRINCIPLES OF CUTANEOUS THERAPEUTICS.

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(*Continued from vol. i., page 783.*)

I NOW turn to the general principles of local treatment. The diseases to which I am now referring are, it will be remembered, the hyperæmias, the simple inflammations in the debilitated, eczema, ecthyma, psoriasis, acne, pemphigus, &c. I am the advocate for a much more soothing system of treatment than that usually adopted for these diseases, of which hyperæmia is so frequently a part. And this leads to the question, What should be the object of our local measures? It is threefold: (1) at the outset, to *moderate* diseased, especially inflammatory, action; (2) to *protect* the diseased, and therefore weakened, parts; and at length (3) to *stimulate*, with the view of rousing the dormant tissues into due activity, and causing the removal of morbid depositions and formations. My own conviction is that, in the early stages of hyperæmic skin diseases, much of our current treatment is mischievous by reason of its activity. A soothing plan of treatment is wanted in all cases of early cutaneous congestions. By soothing treatment I mean one which diminishes congestion and secures an exclusion of air—one which, in fact, puts the skin in a state of rest. *Heroic* measures, designed to cut short an early congestive stage of a skin disease, often render the course of that disease chronic and persistent. In the early stages, before the deep vessels are involved, much can be done to check congestion by mild applications; whilst active measures do harm. For instance, in acute general psoriasis I have often seen aggravation of the congestion follow the use of tarry applications; while great relief has been produced by alkaline and bran baths, and subsequent oiling of the surface. I am not by any means an advocate of an expectant plan of treatment. I advise potent remedies to be employed after the congestive stages have passed. The dangers of over-stimulating are not imaginative; and they are plainly made apparent, in cases accompanied by active hyperæmia, by much irritability, or by a tendency to degenerative change in the skin, in the spread of the disease, and its undue chronicity.

I may refer to the local treatment of certain instances of lupus, *quoad* hyperæmia, in illustration of what I mean. Sometimes we have a patch of lupus on the face, which is very tender, very hyperæmic, and which exhibits a tendency to spread—that is to say, there is a tendency in the apparently healthy tissues to become the seat of the cell-growth which is the characteristic of lupus. In these cases the exclusion of air and the use of mild non-irritating astringents will do good by diminishing the hyperæmia; whilst the use of caustics will be sure to cause the disease to spread, because it will greatly increase the hyperæmia of the parts around, and so favour the development of the peculiar cell-growth. In fact, if one still further disturbs the already weakened disease-tending tissue, one is, of course, likely to favour disease. This is also true of simple acne, pityriasis rubra, &c.

Now for the details of local treatment.

First, as regards *moderating* inflammatory action. It will naturally occur to anyone first of all to remove special causes of local irritation in the case of hyperæmic skin affections. There are two sources of mischief I may specially refer to; they are (*a*) the wearing of flannel next the irritable skin, and (*b*) scratching. I think flannel should never come in contact with an irritable skin; it is a great source of irritation. It may be worn outside a linen garment, and the patient will not, under such circumstances, catch cold. The disuse of flannel is important in nettlerash, pruritus, eczema, scabies, the erythemata, &c. Scratching does an infinity of mischief. The usual plan for preventing it is to use some sedative lotion. I think it of great importance to employ emollient and alkaline baths freely, to allay irritation in the early stages of local inflammatory cutaneous diseases, and to subsequently protect the parts by appropriate coverings and applications; and by internal remedies remove all cause of pyrexial disturbance, or alter such blood impurifications as lead to an intensification of the hyperæmia of the parts through which the blood passes. The baths which are best adapted to moderate inflammatory or irritative action in the skin are bicarbonate of soda, 2 to 4 ounces, size from 4 to 6 or 8 lb., poppy, and bran. The patient may remain in for ten minutes or so, and the skin should not be rubbed dry, but patted with hot towels. It is a good plan to oil the skin subsequently, or to powder it with oxide of zinc, or to apply a simple calamine lotion. But we must take care to use such means in due conjunction with general remedies. If bile products or ureal compounds are in abundance in the blood, free purgation, or diuretics employed with a liberal hand, must not be neglected. Pyrexia must be met with appropriate drugs and dieting. In like manner the pain and hyperæmia of an eczema in a gouty subject may be greatly moderated by an alkaline bath, but a good dose of colchicum in addition will bring the greatest relief. The exclusion of air from inflamed and hyperæmic irritable parts is a matter of great consequence, and the more so if the irritable part is denuded of cuticle. The air is very stimulating to such

parts; absorbent powders and neutral unguents are here called for. Then it is also very desirable to prevent evaporation taking place from scratched surfaces, or surfaces denuded of their natural protecting layer of healthy cuticle, for thereby they become harsh, hard, and tend to crack. I know nothing so good for the purpose as Kirkland's neutral cerate.

I don't know that I can find a better place to make one reference to the use of water-dressing to indurated and irritable parts, made all the more troublesome by scratching. There can be no doubt that the use of a water pad, which permits the diseased surface to absorb moisture and so become more or less soft and supple, does give great relief; but this is oftentimes succeeded by the recurrence of itching, pain, and, it may be, increased cracking and stiffness or tension. The explanation is not difficult to give in regard to some cases at least. The part has become denuded of its cuticular covering, and, whilst it absorbs moisture freely, it also parts with its moisture equally freely unless prevented. Whenever I use water-dressing to an excoriated part, I invariably direct that a layer of greasy matter shall be applied, and kept applied, on the removal of the compress. In this way the absorbed moisture is retained, and the parts keep more or less soft.

But I am touching upon the second point—viz., the *protection* of hyperæmic and irritable parts; and, indeed, to *protect* is, under such circumstances, to *moderate* diseased action. To protect is to prevent scratching and the stimulation by the external air that gains access to the part and to secure rest, as it were, to the diseased parts; and to negative the operation of special external irritants. In addition to the use of absorbent powders and neutral unguents, one may employ cotton-wool, bandages, and strappings, which I need not now discuss at any length. The use of bandaging and strapping is particularly to be commended where the effects of gravitation are noticeable—in the legs, for example. The bandage prevents undue distension of the vessels and the escape of serosity into the textures, thereby giving the parts a better chance of recovering their tonicity. This simple matter is much neglected in regard to cutaneous diseases. Not only in the leg, however, but in other parts bandaging and strapping act similarly, where the tendency to engorgement of the tissues and vessels is shown.

The third object of local treatment in the diseases with which we are dealing is *stimulation*. One of the chief things the dermatologist should set himself to determine is the exact time at which his soothing kind of treatment should cease and his stimulating remedies be employed. It is at the moment that the irritability of the bloodvessels and the nerves is subsiding that the use of powerful astringents and stimulants is so efficacious, and that it is possible to do the most towards a speedy cure of disease. What happens in the inflammatory eczema, the acne, or the psoriasis? After a while the vessels lose their tonicity and become dilated, favouring the "effusion of inflammatory products," giving rise to œdema, "chronic inflammatory thickening," &c. Now, it is at the moment that the parts are becoming less inflamed and irritable that astringents, lead, zinc, nitrate of silver, mild mercurial preparations, and the like, are of use to restore to the vessels their tone; and if at the same time our general remedies assist nature by removing impurities from the blood, by restoring the balance between absorption and excretion especially of the watery matter of the system, and giving general tone to the body, the patient will probably get rapidly well. The application of sulphur at the nick of time indicated speedily cures an acne that had been irritated before by the same remedy. The same may be said of the use of nitrate of silver to an eczematous patch. The use of tar to a psoriasis which is markedly hyperæmic at a very early stage will often spread the disease, or bring out fresh places. If matters still do not mend, but the disease holds on, one needs to stimulate, or, as we say, "rouse the torpid tissues to activity," but as I should put it, to quicken the activity of the absorbents in order that effused and formed products may be removed. It is really not so much in chronic inflammatory skin diseases that we need fresh remedies, as to use those we have, reasonably, as regards time and circumstances. This is emphatically so as regards eczema and general psoriasis. But what are the indications that local soothing remedies are still needed in a disease, and the time has not come for stimulants? I think the main ones are as follows:—The tendency of the hyperæmia or the disease to spread; the development of new spots of disease, showing the disposition to the implication of healthy parts, which would be favoured in its development by anything which irritated such parts; the presence of much pain or heat in the parts; and manifestly the marked hyperæmia. But I lay most stress on the two former features. I like to let hyperæmic conditions in skin disease "quiesce," as it were, before I leave off my soothing treatment. But a disease having "quiesced," its hyperæmic condition having diminished, and the disease showing no tendency to spread or to spring up in new places—e.g., acne, eczema, psoriasis, and pemphigus,—then stimulation can be appropriately adopted. And for what reason are stimulants used? First, to restore the tonicity of vessels; and one must not forget here that artificial pressure by bandages, &c., is a great assistance where gravitation comes into play to distend the vessels, as about the legs. Secondly, to alter the character of a discharging surface. Such is the action of a weak mercurial ointment in a case of chronic eczema. Thirdly, to check the formation of scales, as in the use, against psoriasis, of tarry preparations; and, fourthly, to cause the absorption of inflammatory or heterologous formations; the iodides, mercurials, the soap treatment, blistering, and the like are specially referred to under this last head. But in regard to the use of stimulants and revulsives, I hold equally, as concerns their application, that their efficacy will depend greatly upon the judicious conjunction of internal remedies. I mean that, supposing that the blood of a patient in whom we use these external means is charged with uric acid, he will have a much smaller chance of gaining benefit from the application of revulsives than one who has a pure blood-supply passing through the diseased part. In the former the blood-state may take occasion, by the unbalancing of the nutrition induced by the use of the local remedies, to increase the hyperæmia, or to set agoing an inflammatory action again. The success of stimulant applications, in fact, will be in direct proportion to the degree in which the individual's condition approximates that of health. One very potent method of stimulating not only the skin but the system generally, and emunctory organs in particular, is the use of sulphur or sulphide of potassium baths. They should not be employed in the acute stages, but in the chronic forms of psoriasis, eczema, lichen, and acne. Where there is not much irritation or hyperæmia, and where the latter does not seem to be readily increased, they are most useful.

(To be concluded.)

THE ANTERIOR SUSPENDING SPLINT IN THE TREATMENT OF FRACTURES OF THE LOWER EXTREMITY.

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THE anterior suspending splint invented by Professor Smith, of Maryland University, U.S.A., was brought from America and introduced in France by Dr. Moffitt, through the medium of Dr. Gantillon, who presented it to the Société de Chirurgie de Paris July 15th, 1864. On the 31st of the same month I had occasion to apply this splint in a case of compound comminuted fracture of the leg, and was enabled by this means to bring the patient safely, per rail, without any displacement of the fracture, and without any pain or suffering, from the fall of the Rhine to Paris—a distance of 200 leagues. This case, with an accompanying print, was published in the *Gazette Médicale de Paris* Aug. 5th, 1865.

Professor Smith published, I believe, the first description of his splint in his monograph of 1867, in which he did me the honour to give a prominent place to the case just mentioned. I had the pleasure of making Professor Smith's personal acquaintance in Paris shortly after the publication of his monograph, when he kindly approved of some modifications I had made in the splint, and of some accessories to his system, which he has since, I believe, adopted.

The object of the present paper is to give a description of the apparatus and of its mode of application, to show

the principle of action of the system, and to suggest, what I presume to be, the probable reasons why the anterior suspending splint has not yet been universally adopted.

The apparatus is of itself extremely simple: a splint made of two parallel wires of sufficient length to extend from above the anterior superior spinous process of the ilium to beyond the extremity of the toes, a suspending cord, some wadding, and some bandages.

The splint I now employ is made with the parallel wires kept an inch and a half from each other by four transverse fixed bars. (Fig. 1.) B B are sliding bars, made with curves in the centre to receive the hooks of the suspending cord. The suspending cord is formed of two parts, one to hang perpendicularly from its support, the other with a hook at each end, to be attached to the sliding bars of the splint. This part of the cord passes through a pulley, which is hooked to the extremity of the perpendicular cord. The perpendicular cord, as seen in Fig. 2, is double, with a block in the middle, so that the limb may be raised or lowered by lengthening or shortening the cord at will. The wadding to be placed on the surface of the limb before the splint is applied. A double stout band to pass round the pelvis, and fix the upper part of the splint. Five short pieces of band, one to pass round the foot and the splint, two in the same way round the leg, and two round the thigh to keep the splint in place whilst it is being adjusted. Several strong rollers to be applied to the whole length of the limb, to replace the short bands, which are to be withdrawn as the roller is applied. The accessories to the apparatus are the pincers (Fig. 3), which are very convenient for bending the splint *in situ*, to adapt it to the limb. The wood-frame supports the suspending cord. A can, trough, and syphon for irrigation, complete the apparatus.

The print represents the splint *in situ* before the roller-bands are applied. The limb is supported by the temporary short bands. The wadding has been withdrawn to show that the wires cease to touch the limb as soon as it is suspended.

Very little remains to be said in describing the mode of application of the splint. The fractured limb should be left, as it may then be, until the splint has been adapted to the *sound* limb, in order to take its exact length, bends, &c. The suspending cord being now fixed, and the splint prepared with a bend corresponding to the groin of the fractured limb, we may proceed to suspend the limb. The large double thick band is to be attached to the upper part of the extremity of the splint, and passed firmly round the pelvis. The wadding is to be placed on the front part of the fractured limb to receive the splint, and the short bands are now to be tied *lightly* round the foot, leg, and thigh. This done the limb can at once be suspended by the cord without any attempt at reduction, and the reduction will take place almost of itself by the mere weight of the limb. As soon as the splint is perfectly adjusted *parallel to the axis of the limb* the rollers may be *lightly* applied, leaving any part requiring dressing free from every kind of bandage. The wounds may thus be attended to without interfering in any way with the rest of the apparatus. Extension and counter-extension are necessary only to bring the limb to the length of the splint whilst the rollers are being applied.

The following case illustrates the advantages to be derived from the anterior suspending splint. This was a case of gunshot wound fracture of the left leg just below the insertion of the ligamentum patellæ. The subject of it was a French soldier wounded during the siege of Paris. Cure without shortening or deformity of the limb, though the tibia was comminuted to the extent of more than an inch. The patient was enabled to move in his bed at pleasure during the whole period of the treatment.

Adolphe C——, aged twenty-one, of good constitution and healthy temperament, a soldier of the 117th Regiment of French Infantry, received a gunshot wound of the left leg at noon on November 31st, 1870, at the battle of Champigny. On the field, very soon after he fell, Sir John Rose Cormack dressed the wounds and applied a temporary apparatus to the fractured limb. The wounded man was then wrapped in a blanket, placed on a stretcher, and carried the distance of a least two miles over very rough ground, and in a bitterly cold wind. He remained in the "Ambulance volante" for six hours before the journey to Paris could be undertaken. After much jolting and many delays he reached the ambulance, 16, Rue Demours, at 4 A.M. on December 1st. He was then very cold and exhausted. After the administration of warm broth, a full dose of opium, and the bathing of the feet with hot water, he fell into a quiet sleep for some hours, and was in a pretty comfortable state when Sir John left the ambulance about 11 A.M. on the 1st, to return to Champigny, where he remained until the morning of the 3rd, the battle having been renewed with great fury on the 2nd. On the 3rd, in consequence of the pain and swelling of the limb, Sir John relieved it from all pressure, placed the fractured limb in a trough, and ordered irrigation. In the afternoon of that day, about seventy-six hours after the wound was received, Sir John showed me the case, and asked me to apply the anterior suspending splint.

FIG. 1.

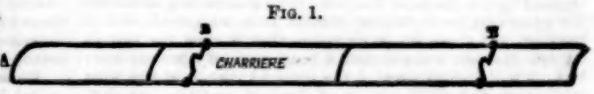

FIG. 2.

FIG. 3.

I found the limb much swollen. The man was in a state of great nervous excitement, and complained of great pain in the region of the wound. The ball had passed through the left leg, entering on the inside a little below the insertion of the ligamentum patellæ, passing obliquely downwards and outwards, making its exit about the middle of the opposite side of the leg, thus producing an extensive comminuted fracture of the tibia. The leg probably was raised in the act of running when he received the shot.

The anterior suspending splint was readily applied, and the patient felt great relief as soon as the limb was abandoned to its own weight. He could move himself freely in his bed, raise himself by the aid of the hand-cord to allow the bed-pan to be placed under him, to have his sheets changed, &c., without the least fear of disturbing the fractured limb. The two wounds, the entrance and exit of the ball, were left perfectly free for the daily dressings, the application of poultices, &c. This system of suspension was found very convenient in giving every facility to the surgeon to examine every part of the limb without disturbing

the fracture, and without giving any pain to the patient. The bandages were removed and renewed frequently with the greatest ease, and giving great comfort to the patient.

Several abscesses formed and were opened in different parts of the limb. With this exception the patient progressed favourably.

Feb. 18th, 1871.—The ambulance in which he had hitherto been treated was about to be closed. The patient had to be moved to the ambulance, 16, Rue d'Agnesseau, maintained by Sir Richard Wallace. The suspending splint was of great service on this occasion in protecting the limb from the effects of any shock or commotion during the transit. A few days after the transit a large piece of necrosed bone, which had formed part of the internal surface of the tibia, was extracted. This piece of bone was at least an inch square, so that the loss of substance, the other fragments of the comminution considered, involved at least an inch of the entire thickness of the tibia. The consolidation of the fracture was, however, found to be sufficient at this time to allow the suspending apparatus to be applied only at night, leaving the limb free during the day, so that the muscles might gradually recover their power, and the joints their flexibility. Two other pieces of necrosed bone were extracted about this time.

The apparatus was entirely removed on the 15th March, and the patient, after walking on crutches for a fortnight or three weeks, was enabled gradually to make use of his limb. One other piece of necrosed bone was removed after he was able to walk. He has now recovered the use of his limb for more than twelve months. There is no shortening of the limb, only a slight indentation where the tibia had been fractured, and a very small fistulous opening still remains, indicating the process of elimination of some other portion of necrosed bone. The limb is not otherwise deformed, and the man walks as well as he ever did. His left leg is almost as strong as the other; the muscles are developed, and the poor man has been in great distress fearing he may be called on to continue his military service.

It will be observed that the patient felt relief directly the limb was left to its own weight. He very soon abandoned the limb altogether to the apparatus, feeling complete confidence and security in the suspension, and was thus enabled to move himself freely in his bed. This security of the patient is accounted for by the action of the splint, which, being placed *parallel* to the axis of the limb, carries the action of the weight of the limb on the bandages from the splint to the axis of the limb, thereby holding the fractured bone steadily in all the movements of the body. The splint becomes a substitute for the fractured bone, the fragments of which are kept constantly in position, so that the process of ossification is not disturbed by any movements of the patient.

The fracture was so comminuted in this case that we may safely say there was loss of substance of at least an inch in length of the bone, yet the limb moved as freely on the suspension as if there had been no solution of continuity at all. Some portions of this comminuted bone having retained their periosteum served with the callus to consolidate the fractured tibia; the remainder became necrosed and was either extracted or thrown off afterwards.

It is important to remark that the usual pain in the heel and the violent spasmodic contraction of the muscles are effectually prevented by the action of the suspending splint. The continued action of extension and counter-extension and all violence in reduction are superseded by the action of the weight of the suspended limb. The fractured bone must inevitably recover its natural length and position to adapt itself to the splint, which has been modeled on the *sound* limb. The muscles of the fractured limb lose their power of contraction by the uniform compression of the bandages which suspend the limb.

The reasons why the anterior suspending splint has not been universally adopted appear to me to be because the principle on which the splint acts has never yet, I believe, been explained, and because it is so difficult to abandon our old friends—the old splints, the double inclined plane, &c.

The splint employed by Professor Smith until he came to France was nearly four inches in width between the wires. That which I employed myself at that time was about three inches wide. Under these circumstances, not being yet aware of the principle of action of the splint, I was naturally inclined to increase the width between the branches, thinking I might thereby increase the action of the splint. After a time, however, I discovered that the nearer I brought the wires together the greater was the facility I acquired in the application of the splint. *This led me to discover the action of the anterior suspending splint on the axis of the limb—the principle on which, I believe, the whole system is based.* The splint I now use is only one inch and a half wide between the wires, a distance which appears to me to be the most useful and safe in its application. I am convinced that the splint has been brought into disrepute, and been abandoned by many surgeons, because they, like myself, have employed the splint with the branches too wide apart.

Probably the second reason why the anterior suspending splint has not yet been universally adopted is that which I have already hinted at—viz., that we cannot so easily depart from the habits of routine in the treatment of fractures of the lower extremity. It has been supposed that by placing the suspending cord more or less obliquely from the perpendicular line, a power of traction or extension was obtained. I thought so, and have frequently tried it, but always without any advantage. I can account for this now, I think. I asked myself if it is not evident that, as the splint must be attached to the part of the limb above the fractured bone—viz., to the pelvis above the femur, to the femur above the leg, all the traction produced by the oblique suspending cord must act on the pelvis in cases of fracture of the femur, and on the femur in cases of fracture of the tibia. In fact, the action of the oblique cord cannot possibly have any power at all on the fractured bone. On the contrary, by taking the cord from the perpendicular the action of suspension on the axis of the limb is considerably weakened. *The perpendicular cord, in supporting the splint uniformly through its whole length, brings the weight of the limb to act uniformly on its own axis. The cord therefore should never be moved from the perpendicular.* The theory of the action of the obliquity of the cord has most probably been very injurious to the reputation of the anterior splint.

It would only be a repetition of details if I were to apply them to all the surgical cases of the lower extremity. I must, however, add that the anterior suspending splint seems to find its special application in cases of fracture of the neck of the femur, and in the transverse fracture of the patella. In fractures of the neck of the femur, either within or without the capsular ligament, the only recommendation is to fix the thigh immovably on the pelvis, and in fractures of the patella to keep the splint quite straight from the groin to the instep. The straight splint, as above applied in the case of fractured patella, is applicable precisely with the same advantages in suspending the limb after resection of the knee-joint.

I have selected the above case from others equally illustrative of the numerous advantages of the anterior suspending splint over every other apparatus in the treatment of fractures of the lower extremity, but having already taken up so much valuable space in regard to this one, I reserve the remainder for future elucidation should the above description be considered too imperfect or obscure.

Whitehall, London, May, 1872.

CASES OF

SMALL-POX TREATED BY THE HYPODERMIC INJECTION OF VACCINE LYMPH.

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(*Concluded from vol. i., page* 891.)

CASE 4.—E. G——, female, aged forty-eight, tailoress, admitted June 5th. Three vaccination marks, small and close together. Eruption appeared to-day, and at present consists of redness of the face, with a very slight elevation of the cuticle. On the trunk and limbs some scattered red spots; premonitory symptoms severe. The contents of two vaccine-tubes were injected into the left arm.—9 P.M.: Temperature 104·8°.

June 6th.—Eruption becoming papular; no sleep; no swelling; tongue furred; thirst; corneæ bright; slight lachrymation; throat very sore. Bowels open; pulse 100; temperature 102·2°.—9 P.M.: Temperature 102·4°.

7th.—Eruption on the face vesicular; on the trunk and limbs becoming so; slight swelling of the face; no sleep in the night; lachrymation; less soreness of the throat; is free from pain; very slight tenderness at the seat of operation; tongue coated and moist. Pulse 82, feeble; temperature 99·8°.—9 P.M.: Temperature 100·4°.

8th.—Eruption on the face pustular; and on the trunk and limbs vesicular; face more swollen; tongue furred; bowels open; quiet night; no sleep; no pain or tenderness at the seat of operation. Pulse 112; temperature 102·2°.—9 P.M.: Temperature 101·2°.

9th.—Eruption fully maturated on the face; pustules exuding. On the trunk and limbs the eruption is becoming white; face continues swollen; tongue furred; bowels open; very good night. Pulse 88; temperature 100·8°.—9 P.M.: Temperature 102°.

10th.—Some pustules on the face have risen more since yesterday, the rest are exuding freely; face and hands more swollen; tongue furred; bowels confined; had a very fair night; takes food well. Pulse 96; temperature 101·4°.—9 P.M.: Temperature 100°.

11th.—Rash on the face drying; on other parts the same as yesterday; swelling of the face less; slept well; bowels open; tongue furred; no pain; takes food well. Temperature 100·6°; pulse 96.—9 P.M.: Temperature 101·2°.

12th.—Greater part of the rash on the face dry; on the trunk and limbs pustular; pustules well filled and discrete. Pulse 72; temperature 100·2°.—9 P.M.: Temperature 100·2°.

13th.—Pulse 72; temperature 100°.—9 P.M.: Temperature 99°.

14th.—Tongue clean and moist; bowels open; sleeps well. Pulse 80; temperature 100°.—9 P.M.: Temperature 98·8°.

15th.—Rash not yet dry on the extremities. Pulse 80; temperature 99°.—9 P.M.: Temperature 104°.

16th.—Pulse 100; temperature 100°. Improving.—9 P.M.: Temperature 100°.

17th.—Pulse 80; temperature 98·6°. Desiccation complete.

18th.—Convalescent.

This was a case of moderately severe small-pox running an ordinary course.

CASE 5.—A. C——, female, aged sixteen, servant, admitted June 1st; two faint vaccination marks; three days ill; has a copious papular eruption.

June 2nd.—Rash becoming vesicular and very copious; slightly delirious last night; tongue furred and swollen; bowels confined; takes liquid food well; was very sick both before and after admission; pulse 88; temperature 102·4°.—9 P.M.: Temperature 102·4°.

3rd.—Hæmorrhage from vagina commenced about one o'clock this morning, but only slightly, and continues so; bowels confined; tongue furred; wandered a great deal during night; face a little swollen; rash small and vesicular; very thirsty; throat very sore; takes very little food. Vaccine lymph injected in the usual way; pulse 84; temperature 101°.—9 P.M.: Patient has been very restless all day; rash vesicular and small, but well elevated and discrete; vaginal hæmorrhage increasing all day; bowels not open yet; takes very little food. Towards six this evening she began to wander; at present lies quiet, but staring vacantly up at the ceiling; tongue coated; pulse 100, full and regular; temperature 101·4°. To have fifteen minims of dilute sulphuric acid, five minims of solution of morphia, and half an ounce of water every three hours.

4th.—Eruption on face vesicular, slightly aggregate; on limbs and trunk also vesicular but discrete; considerable swelling of face; hæmorrhage somewhat lessened; some suffusion on inner side of right eye; wandering delirium in night, with occasional sound sleep; tongue dry and brown; great thirst; slight swelling and tenderness at seat of injection; bowels confined. To have half an ounce of castor oil immediately. Pulse 96; temperature 99·8°.—9 P.M.: Pulse 100; temperature 102·4°.

5th.—Eruption on face becoming pustular, vesicular on rest of body; swelling of face continues; tongue dry and brown; hæmorrhage still decreasing; throat sore from eruption on tonsils and soft palate; quiet night; slept fairly; no delirium; no tenderness, and very slight swelling at seat of operation. Pulse 112; temperature 102·2°.—9 P.M.: Temperature 102°; pulse 100.

6th.—Eruption on face maturated, many of the pustules exuding; on hands and trunk rash becoming pustular, the whole of it is well developed; swelling of face less; hæmorrhage quite well; no delirium last night, and no sleep; tongue dry at tip; bowels confined; throat better; pulse 104; temperature 102·4°.—9 P.M.: Pulse 100; temperature 101·8°.

7th.—Eruption on face crusting; on other parts is fully developed and pustular; swelling of face less; throat easier; slept badly; no delirium; tongue dry in centre, moistening at edges; hands and feet swollen and tender; no local effect at seat of injection; pulse 112, soft; temperature 101°.—9 P.M.: Temperature 103°.

8th.—Greater part of the eruption on the face drying, especially about the forehead, nose, and lips; the swelling of the hands and feet rather more, of face less. Pulse 140; temperature 105°.—9 P.M.: Temperature 103·6°.

9th.—Eruption crusted on the face; on the limbs and trunk the pustules are full-sized, white in colour, and entire; swelling of the face decreasing, and of the extremities increasing; very restless night; no delirium; great thirst; tongue coated and dry in centre; bowels open; throat quite well; takes food well; skin very tender and inflamed. Pulse 120; temperature 102·1°.—9 P.M.: Temperature 101°.

10th.—Very restless and somewhat delirious last night—after that slept fairly; tongue dry, glazed, and tremulous. Pulse 112; temperature 100·8°.—9 P.M.: Temperature 102°.

11th.—Eruption on the face quite dry, on the limbs beginning to break; swelling of the face nearly gone, but continues at the hands and feet; tongue dry in the centre; slept a little better last night; bowels open; takes food well; general weakness great. Pulse 104; respiration 32; temperature 102°.—9 P.M.: Temperature the same.

12th.—Tongue moist; bowels open. Pulse 96; temperature 101·4°.—9 P.M.: Temperature 103°.

13th.—Crusts coming off and leaving the skin very much inflamed; patient drowsy and heavy; slept all night; bowels confined; tongue dry and glazed; takes food well. Pulse 112; temperature 105·3°.—9 P.M.: Temperature 105·4°.

14th.—Over the sacrum and towards the left side is a little redness, with great tenderness on pressure; skin of the face still inflamed, with swelling chiefly of the forehead and eyes; tongue dry and glazed in the centre; bowels open; no rigors; takes food well, especially liquids, being very thirsty. Pulse 112; temperature 103·6°.—9 P.M.: Temperature 103°.

15th.—Pulse 104; temperature 104·8°.—9 P.M.: Temperature the same.

16th.—Pulse 96; temperature 104·8°.—9 P.M.: Temperature 103°.

17th.—Has a hesitation in her speech, and a childishness of manner verging on imbecility. Pulse 112; temperature 102°.—9 P.M.: Temperature 104°.

18th.—Fluctuation distinctly felt over the upper part of the sacrum—also on the forehead, but only slightly so. Pulse 100; temperature 101°.—9 P.M.: Temperature 103·6°.

19th.—Abscess over sacrum is as large as half a cocoanut, and full of pus; the one on the forehead is discharging. Patient slept fairly. Tongue moist and clean; bowels open. Takes food well. To have sulphate-of-quinine mixture, half an ounce three times a day. Pulse 88; temperature 102°.—9 P.M.: Temperature 101·6°.

20th.—The abscess was incised yesterday, when about eight ounces of healthy pus escaped; since then it has been discharging freely a thin reddish-brown matter. Her mind appears much weaker; is very drowsy. Bowels open. Temperature 101°; pulse 120.—9 P.M.: Temperature 104·8°.

The subsequent history of this case may be condensed into a few words. The patient had a succession of abscesses in various situations, but in the beginning of July those that were in existence healed up, and the formation of new collections of matter ceased. Her bodily strength improved, and the mental weakness at the same time seemed gradually to be overcome. We have here the small-pox entirely unaffected by the injection of the lymph.

CASE 6.—M. G——, female, aged twenty, servant, admitted June 3rd. Four vaccination marks; five days ill; eruption vesicular, moderately copious, but discrete and

well elevated. Dr. Grieve injected subcutaneously, shortly after her admission, two tubes of vaccine lymph (also in the presence of the representative of THE LANCET). — 9 P.M.: Has been quiet all day; taken food well. Tongue furred; bowels confined. Rash coming out well, especially on the hands and wrists. Temperature 101·2°; pulse 104.

June 4th.—Rash pustular on face, vesicular on limbs and trunk; very considerable swelling of face; slight swelling and tenderness at seat of injection. Case progressing naturally. Tongue dry, glazed, and brown; pulse 112; temperature 100·6°.—9 P.M.: Temperature 101·2°.

5th.—The matter beginning to exude from the pustules on the face; on the trunk and limbs the eruption changing to a whitish-yellow colour, but in all parts keeping discrete. Very fair night; slept well; no delirium; swelling of the face decreased; neither tenderness nor swelling at the seat of operation. Throat somewhat easier; tongue coated, but moist; bowels freely open. Pulse 112; temperature 101°.—9 P.M.: Temperature 101·8°.

6th.—Some crusts formed on the face; on the trunk and limbs rash large and fully developed; swelling of the face subsiding; slight tenderness and swelling at the seat of operation. Round the ankles and on dorsal surface of the foot the pustules have run together in places, and formed blebs, filled with dark-blood-coloured fluid. Tongue dry and brown. Pulse 100; temperature 100·2°.—9 P.M.: Temperature 101·2°.

7th.—Swelling still decreasing; slept fairly; no delirium. Tongue cleaning at the edges, dry in the centre. Local symptoms at the seat of injection gone. Pulse 100, of good strength; temperature 99·2°.—9 P.M.: Temperature 99·6°.

8th.—Tongue glazed and dry; bowels open. Pulse 96; temperature 99·2°.—9 P.M.: Temperature 100·3°.

9th.—Eruption drying well on the face; swelling rapidly decreasing; on the trunk and limbs partly drying. Tongue slightly furred and moist; no pain; feels comfortable; takes nourishment well. Pulse 100; temperature 100·6°.—9 P.M.: Temperature 102·5°.

10th.—Eruption crusted, and falling off. Says she feels quite well, except for weakness. Pustules on the arms are not yet dry. Pulse 96; temperature 99·8°.—9 P.M.: Temperature 101°.

11th.—On the extremities some few pustules still moist, as well as the bullæ on the feet. Pulse 96; temperature 98·6°.—9 P.M.: Temperature 98 6°.

12th.—Eruption dry all over, but bullæ on the feet and ankles still continue. Pulse 86; temperature 99°.—9 P.M.: Temperature 99·8°.

13th.—Pulse 88; temperature 99·8°. Improving.—9 P.M.: Temperature 99°.

14th.—Slight circumscribed swelling, with tenderness at the seat of injection; tongue red. Pulse 88; temperature 99°.—9 P.M.: Temperature 99·4°.

15th.—Pulse 82; temperature 99°.—9 P.M.: Temperature 98·5°.

16th.—Swelling about arm less. To use red iodide of mercury ointment. Pulse 104; temperature 100°.—9 P.M.: Temperature 100°.

17th.—Temperature 98·5°; pulse 88. To get up. The swelling at the seat of the injection, which was the size of a walnut, and elastic to the touch, gradually disappeared under the use of the ointment. Desiccation proceeded slowly, and she was discharged well on July 13th.

A mild case of small-pox, with a natural progress and termination; rather troublesome local irritation caused by the injection.

CASE 7.—O. U——, male, aged forty-eight, coachman, admitted June 3rd. Three vaccination marks; four days ill; discrete pustular rash beginning to dry in one or two places on the face; vesicular on arms and chest; throat a little sore; very restless last night; bowels open. Temperature 99°; pulse 72.—9 P.M.: The eruption is filling out well and becoming pustular on the arms. Dr. Grieve injected subcutaneously two tubes of vaccine lymph into the right arm this afternoon. Pulse 96; temperature 102°.

June 4th.—Eruption pustular and discrete; very sparse and vesicular on the limbs and trunk; slight swelling of the face; slept well; no swelling, but slight tenderness at the seat of injection; tongue coated. Temperature 99·6°; pulse 80.—9 P.M.: Temperature 100°.

5th.—No swelling nor any symptom of general disturbance; tongue clean and moist; bowels confined; no symptoms at the seat of inoculation. Temperature 99°; pulse 74.—9 P.M.: Temperature 99°.

6th.—Eruption quite dry on the face and maturating irregularly; aborting on the trunk and limbs; slept badly, which he ascribes partly to pain in the right arm at the seat of inoculation, where there is now redness the size of the palm of the hand, with swelling and tenderness; tongue dry. Pulse 112; temperature 101·4°. Arm to be poulticed.—9 P.M.: Temperature 101·6°.

7th.—Eruption on face dry; great thirst; tongue dry. Slept badly. Inflammation in the arm seems somewhat less, but is still considerable. Patient very low. Pulse 104; temperature 102·6°.—9 P.M.: Temperature 102·2°.

8th.—Eruption dried up everywhere, and coming off; redness of arm increased since yesterday, also the pain and tenderness. Tongue dry and brown; bowels confined. Restless night, very little sleep; no appetite or inclination for food. Had a slight rigor yesterday, lasting a few minutes. Temperature 101·6°; pulse 100, feeble.—9 P.M.: Temperature 101·8°.

9th.—Patient becoming emaciated; complexion sallow; countenance anxious; tongue dry and brown. No further rigors. There is still a considerable extent of redness and induration on the outer surface of the arm. No fluctuation. Pulse 100; temperature 100°; respiration 28. To have sulphate-of-quinine mixture, half an ounce, every four hours.

10th.—Condition much as yesterday, excepting that the inflammation has extended on the outer side of the arm down to the elbow; tongue moist at the edges, drying in the centre; quiet night; slept well; no delirium; bowels open; takes food better to-day than he has for a few days past; no more rigors. Pulse 120; temperature 100°.—9 P.M.: Temperature 102°.

11th.—Inflammation extending upwards; over the scapula hard and brawny to the touch; no fluctuation; patient wasting rapidly; face pinched; complexion sallow; quiet night; slept well; tongue dry and glazed. Pulse 96, small; temperature 99 6°.—9 P.M.: Temperature 100°.

12th.—The inflamed arm is of a dark purple hue and feels boggy, but there is no distinct fluctuation; general condition much as yesterday; slept fairly well last night; tongue very dry and brown; bowels open; takes plenty of food. Pulse 88; temperature 100°.—9 P.M.: Temperature 101·4°.

13th.—Fluctuation distinct; the arm was incised, and about two ounces of healthy-looking pus escaped; quiet night; slept fairly; tongue dry and brown; was sweating in the night very much; takes food in the daytime well. Pulse 80, very feeble; temperature 101·8°. — 9 P.M.: Temperature 103 4°.

14th.—Tongue-edges moist for first time; quiet night; slept fairly; takes food well; pulse 80; temperature 98·5°.—9 P.M.: Temperature 98 6°.

15th.—Fluctuation very distinct over acromion. An incision was made and about 5 oz. of pus escaped; slept well; bowels open; tongue dry and brown, with edges moist; takes food well; pulse 72; temperature 99·4°.—9 P.M.: Temperature 99·4°.

16th.—Wounds look very healthy and discharge freely. Both have been washed out with carbolic lotion (1 to 20); pulse healthy; inflammation and swelling decreasing; sleeps well; tongue keeps dry in centre but is gradually getting moister.—9 P.M.: Temperature 101·8°.

From this date the patient improved, although his progress towards recovery has been slow. It was found necessary to make another opening on the outer side of the arm just above the elbow.

This man had a very mild attack of small-pox, and his severe illness and protracted convalescence I believe to be entirely due to the injection of the lymph.

The results in the seven cases when summarised are as follows:—In two instances death occurred (one from the hæmorrhagic form of the disease, the other with severe local and constitutional symptoms seemingly produced by the injection of the lymph); in three more there was extensive suppuration or a succession of abscesses causing a protracted convalescence; in one there was some irritation at the seat of the operation, leaving a solitary instance in which the recovery was satisfactory.

Although abscesses are common sequelæ of small-pox I have not before observed them occur in so high a proportion as they did in these cases, and therefore feel compelled

to ascribe their production partially, at least, to the injection of the lymph.

From the history of cases as given in this paper the profession will be enabled to form its own opinion of the value of Mr. Furley's cure for small-pox, but having carefully watched the cases while under treatment, and compared the result with that in others admitted during the same period, I feel myself justified in saying that in not a single instance did the treatment exercise any beneficial influence either over the progress of the disease or over the result, but rather the contrary. Consequently the opinion forced upon me is that the hypodermic injection of lymph in small-pox is worse than useless.

July 13th, 1872.

DEATH FROM LIGHTNING.

BY ROBERT OKE CLARK, M.R.C.S., L.S.A.,
AND
JOHN KING BRIGHAM, M.D., M.CH.

ON May 8th, about 5 P.M., a man aged seventy-four was brought to our surgery, said to be suffering from lightning-stroke. The history was that during a very severe storm, which had passed along the valley about an hour previously, he had sought refuge from the pouring rain under a large fir-tree, which stood nearly alone on an eminence in a large field. The electric current seemed first to have passed down a high hop-pole on to which a woman was tying the young hops, glanced thence through a quickset hedge and stripped it of its leaves, and then, touching the fir-tree, passed through the old man (throwing him down on his face), and so to the earth. The woman herself was much affected by the lightning, which seemed to pass down her right arm, rendering it powerless, and completely drying up the milk in her breast on that side, the secretion of which has not returned.

We found on examination that the man was moaning a good deal, but was quite unconscious; the lower extremities paralysed, and the arms partially so. His high hat had been torn into pieces of a most fantastic shape; his jacket, waistcoat, and trousers were rent in various places; and one boot was completely ripped open. Blood was flowing freely from a serrated wound over the right temple, from several small wounds on the head and face, and also from the mouth, which was charred and lacerated. There was no ecchymosis or contusion in the neighbourhood of any of the wounds. His wounds were dressed, some stimulants prescribed, and he was removed to the union-house, which he had left in the morning to visit his brother. His state continued unchanged during the evening; the hæmorrhage ceased, his pulse remaining fairly good.

May 9th.—Passed a restless night, being very violent at times, and moaning continuously, but dozing at intervals. Pulse 80, weak, irregular, and intermittent. Body moderately warm. Respiration deep and hurried. The facial paralysis had somewhat passed off, and he *looked* more conscious, but was not really so; he was quite unable to speak. There was manifest hyperæsthesia of the skin, and great muscular irritability. The bladder was paralysed, and required the use of the catheter, two pints of urine being removed, which was perfectly healthy and natural. There was great difficulty in swallowing, owing to the abraded condition of his mouth. No fracture could be discovered in the wound, and nearly all hæmorrhage had ceased. Ordered to be kept perfectly quiet; to take farinaceous diet, milk, and beef-tea. An injection to be used if the bowels did not act.—8 P.M.: Condition very much changed. His face was flushed; skin hot and dry; pulse strong and bounding, 98, irregular and intermittent. He had been very violent, requiring slight restraint. The pupils were sluggish, with ptosis of right eyelid. The respiration was more quickened, deeper, and sometimes blowing. The wound over the right temple had closed. There was considerable ecchymosis round the right eye. The hair on the right side of the head, eyebrow, eyelashes, and whiskers in some parts were quite burnt off, in others scorched; as was also the hair on the trunk, over the pubes, and down the right leg—the cuticle in many places being completely charred. Some blood was still oozing from the mouth and nose; the whole palate was charred and black; the mouth drawn a little to the left side; tongue dry and brown. He was again catheterised; and ordered a stimulating enema, with cold to the head.

10th.—Passed a restless night, though the febrile symptoms were much lessened in intensity. Pulse 89. The bowels had not acted, nor had the bladder been at all relieved; the urine when drawn off was found to be natural. Tongue still swollen and charred, and deglutition very difficult. He had answered, or seemed to answer, one or two questions in the night, but was now quite unconscious. There had been twitching of the left arm and leg during the night; and an epileptiform attack, with twitching of the left facial muscles, occurred during our visit. Ordered two drops of croton oil and some warm beef-tea.—2 P.M.: Continues the same, but the twitchings are more frequent.—7 P.M.: Pulse 98; temperature 102·8°. Patient evidently sinking. Convulsive attacks have increased. Croton oil has not acted. Deglutition quite impossible. Facial paralysis returned and increased.

He died next morning at 2 o'clock.

Post mortem examination.—The external appearances of the body were the same as described on the evening of the 9th. The scalp-wound had entirely healed; but underneath it and for some distance round blood had been copiously extravasated between the scalp and the skull. Parallel to the scalp-wound, but slightly behind it, a very fine fracture was discovered, about an inch and a quarter long, in the squamous portion of the temporal bone, terminating in the temporo-parietal suture. About the centre of this fracture, and running backwards at right angles to it, was another fracture about half an inch long; the irregularly triangular piece of bone between these two fractures being black and charred. The sutures of the temporal bone were loosened, and the bone forced out beyond the level of the parietal and frontal bones. On removing the calvaria a large quantity of thickened but not coagulated blood was found beneath the dura mater in the vicinity of the fracture. The membranes were extensively torn, so that the blood was in contact with the surface of the brain at many points. The meninges were very much congested; and the greenish hue of suppuration was noticeable over the back part of the brain. All the sulci of the convolutions in the vicinity of the fracture were filled with black blood; the pia mater was broken down extensively, and reduced to a stringy condition—the very substance of the right hemisphere of the brain having become so soft as to resemble thickened pus, without losing the arrangement of its convolutions. The fluid in the ventricles was abundant and bloody. The upper ridge of the petrous portion of the temporal bone was charred in several places. A charred spot was seen on the orbital plate of the frontal bone, through which the electric fluid seemed to have passed out on to the face, the current apparently having passed down through the antrum into the mouth, lacerating and charring the mucous membrane and causing the hæmorrhage from the nose and mouth. Rigor mortis came on very slowly. The charred skin was so tough that it could hardly be cut.

Great interest seems to attach to this case from the length of time that elapsed before death, and also from the blackened and charred condition of the bones and other tissues.

Farnham, July 8th, 1872.

OBSERVATIONS ON GOITRE.

BY GEO. H. SAVAGE, M.D. LOND.,
MEDICAL OFFICER TO GOVERNOR AND COMPANY'S LEAD MINES IN CUMBERLAND.

HAVING a considerable number of facts in connexion with goitre, I have thought it worth while to record them—not that there is much of novelty in them, but I fancy few have such a field for observation. The statistics are taken from Nent Head, a lead-mining village situate on the mountain limestone, nearly fifteen hundred feet above sea-level. Nearly all the water is hard, containing much lime. I tried to classify the villagers according to their water-supply, but found the results worthless, as many people were

goitrous who drank the same water as those who had never suffered at all.

There is a general feeling here, which I am convinced is true, that the water will not produce goitre unless the person inherit some tendency to it. I have found, as others have, that the poorer classes are the most subject to it; and in many cases I am sure that those who take beer or spirits are less liable: among the well-to-do there are some teetotallers, and I have seen goitre in several of these.

In obtaining my returns I left forms at the houses, and these supply my first table; but, not being quite satisfied, I examined all the children in the school myself, and append the result.

Goitre is so common that, unless the neck be very thick, it is not considered to be anything abnormal; hence my first table will only show most unmistakable goitres.

Many well-known facts will also be seen brought out strongly—as the greater tendency in women, and the greater liability of the right side.

I obtained from the villagers their ideas as to causes, and subjoin these in the order of their belief:—Family; water; parturition; strains and coughing; overcrowding; cold, &c.

As to sources of relief, they mention—wearing of flannel; pressure of shirt-collar; heavy bead necklaces; change of residence, and climacteric change.

I have met with several dogs, setters and terriers, with enlarged necks; but do not know enough about a dog's thyroid. These tumours, on dissection, are found to rest on the trachea, and are firm fibroid masses which in life cause a difficulty of breathing.

Returns from 829 *persons.*—Of these, 181 confess to goitre, of whom 58 are men and 123 are women. These occur—

81 most prominently or altogether on the right side;
20 „ „ „ left side;
80 are central, or indifferently on either side.

I examined carefully 234 school children, and of these 168 were goitrous. Returns as follows:—

	Goitrous.	Right side.	Left side.	General.
Boys under ten years	76 ...	51 ...	13 ...	1 ... 38
„ from ten to thirteen years,	54 ...	34 ...	9 ...	0 ... 25
Girls under ten years	52 ...	41 ...	12 ...	2 ... 27
„ over ten years	52 ...	41 ...	13 ...	1 ... 27

Nent Head, Alston Moor, Cumberland, July, 1872.

STRANGULATED INGUINAL HERNIA OF THE RIGHT SIDE.

ASPIRATING PUNCTURE; ISSUE OF FLUID AND GAS; IMMEDIATE REDUCTION; CURE.

BY DR. LÉON LABBÉ.
SURGEON TO THE HÔPITAL LA PITIÉ, VICE-PROFESSOR AT THE PARIS SCHOOL OF MEDICINE, ETC.

THE extreme importance which the process of reducing hernia after an aspirating puncture must rapidly assume in surgical practice, the limited number of facts which have been known until now, and the interest there is in encouraging medical men to follow this direction, induce me to communicate the following case which I have just had an opportunity of observing.

In the night of June 20th Mr. D——, aged seventy, an exceptionally strong and robust individual, after a violent fit of coughing felt an intense pain in the right inguinal region. This was followed in a few minutes by nausea and vomiting; whilst a somewhat large tumour showed itself in the right inguinal region.

On the 21st, at 6 P.M., I first saw the patient, together with his ordinary medical attendant, who had employed taxis with great care, but to no effect. I then tried taxis myself, but was equally unsuccessful. The nausea and vomiting still continued; pulse 75. Taking into account the circumstance that strangulation dated only about eighteen hours, and that probably the anatomical lesions would be very slightly advanced, I without hesitation proposed puncture with the aspirator, and without further delay I introduced the No. 2 needle. About ten grammes (two drachms and a half) of a yellowish liquid immediately escaped, together with a quantity of gas which I cannot exactly estimate. The tumour, which was as large as the fist, flattened immediately; and a very gentle pressure exerted for one minute near the neck of the sac caused complete reduction of the hernia. The patient felt immediate relief, and expressed his satisfaction.

During the few hours which followed—from 6 to 11, and more especially between 8 and 11 P.M.—there was a little vomiting, and more particularly nausea. The patient was somewhat feverish, and had slight rigor. I had administered, as I always do after reduction of hernia, whether by taxis or operation, pills of the gummy extract of opium (each containing one centigramme—one-sixth of a grain,—to be taken one every two hours, so that ten or twelve centigrammes may be absorbed in twenty-four hours), with the object of bringing on paralysis of the intestines. At 11 P.M. the symptoms above alluded to all disappeared, and from that time the patient enjoyed the most complete comfort.

June 22nd.—Pulse 60; countenance normal; scarcely any tenderness in the abdomen over the inguinal region.

23rd.—Three natural stools; no pain or fever; appetite excellent.

Eight days afterwards the cure, which had been evident even on the third day, had become quite permanent. The patient's health is now excellent.

Paris, July, 1872.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

HYSTERIA.—VESICO-VAGINAL FISTULA.—RECTO-VESICAL FISTULA.—TRACHEOTOMY.

(Under the care of Messrs. CALLENDER and MORRANT BAKER.)

THE notes of the following interesting cases have been communicated to us by Mr. G. B. Ferguson, house-surgeon.

CASE 1. *Hysteria; a number of needles and pins removed from the arms and legs.*—M. D——, a fresh-coloured, artless-looking girl, spare but not badly nourished, was admitted into the hospital with the following history:—About four years ago she was subject to fainting fits, but has never appeared very excitable. According to her own account she had a fall last July whilst in service, by which her left knee was injured, and was for some time exceedingly painful. In this condition she was sent home, and the knee was then poulticed. After a day or two a needle was seen protruding over the patella; this her mother removed. As the knee was now better, she returned to her situation; but in about a fortnight, the same knee again commencing to distress her, she was again sent home, and before long five needles were removed from the same situation. After a short time the arms and legs became similarly affected. Things proceeding after this fashion, 101 needles and pins, many of large size, curiously twisted and deeply imbedded, were removed by her usual medical attendant, Mr. Wicksteed, of Walthamstow. Although some years ago she had a habit of swallowing strange things—pieces of paper and the like,—she is sure she never swallowed any pins or needles, and cannot, she says, give any explanation of their appearance. During her stay in the hospital in February last, ten needles and pins were removed by Mr. Baker and Mr. Ferguson.

The facts that the right hand and arm presented two marks only where needles had been withdrawn, whereas the left hand and arm showed thirty-seven marks, that the girl was right-handed, that the pins were all destitute of heads, together with other circumstances, led to the conclusion that the case was one of hysterical deception.

Since the time of her leaving the hospital there has been no fresh appearance of needles and pins.

CASE 2. *Vesico-vaginal fistula; operation; cure.*—The patient was an old woman, aged seventy-six. Eleven years ago she suffered from prolapsus uteri; for this a pessary was worn with comfort, and prevented the prolapse. The instrument was retained without change for nine years; during this time she had no pain or any other discomfort; after this time she both suffered pain and had a discharge. Eight months ago the pessary was removed, and after this she found that she passed nearly all her urine per vaginam. The labia majora, having become excoriated, subsequently united throughout nearly their entire extent. Mr. Baker, having separated these adhesions, found that the fistula produced by the pressure of the pessary was transverse, sufficiently large to admit the tip of the finger, and situated close to the anterior cervical lip. The edges were pared in the usual manner, and five stitches of silver wire employed; all, with the exception of one, passed through the anterior lip of the cervix uteri, and one, having transfixed the lip, passed out through the os uteri. The operation was performed on May 21st, and on June 6th, a fortnight and two days after, the stitches were removed; perfect closure of the fistula had resulted. The notable feature in this case is the great age of the patient.

CASE 3. *Recto-vesical fistula, following lithotomy; successful plastic operation.*—J. W——, aged fourteen, was successfully operated upon for stone, in Aberdeen, seven years ago; since that time he has always passed a little water per rectum, and small portions of his food, notably seeds of different kinds, with his water. The passage of these bodies has habitually caused much irritation, and on coming to the hospital he complained of several of the symptoms of stone. The sound was used, but failed to indicate the presence of a stone. The fistula, which would just admit an ordinary sound, and which was situated about three inches above the anus, was operated upon after the usual manner on June 22nd, by Mr. Morrant Baker. The operation proved less difficult than had been anticipated, a large-sized duck-bill speculum being made use of, together with the needle-holder recommended by Mr. Thomas Smith for operations for cleft-palate. Eight sutures were passed. After the operation, the patient was confined to bed, and placed on a fluid diet, and given ten minims of tincture of opium twice a day, which only partially restrained the action of the bowels. At the expiration of three weeks, on July 13th, the stitches which had not of themselves escaped were removed, and union was found to be perfect.

CASE 4. *Scald of the glottis in a child seventeen months old; tracheotomy; recovery.*—The scald was inflicted in the usual manner on the 18th of February last during an attempt to drink from the spout of a teakettle. Three hours afterwards the child was brought to the hospital in a state closely approaching death from asphyxia. The operation of tracheotomy was performed in the ordinary way, above the isthmus, by Mr. Ferguson, and immediate relief was afforded. As the child was progressing favourably, an attempt was made on the third day to remove the tube, but it was then found that no means whatever of breathing through the glottis existed. On the fifth day after the operation a small quantity of air could pass through the glottis. On the ninth day the child succeeded in breathing without the tube for four hours, but after that time was in great difficulties. On the thirteenth day the tube was dispensed with for nine hours; but great dyspnœa supervening, it had to be reintroduced. Things proceeding in this way, it took ten weeks in all (until April 22nd) before the tube could be finally dispensed with. During this period several narrow escapes occurred, the child at one time breathing easily by the natural channel for several hours, and then suddenly requiring the introduction of the tube. On more than one occasion prolonged artificial respiration was required to save its life. A Fuller's bivalve tube was used at first; subsequently an ordinary rigid English one; afterwards the French pattern, in which the tube is moveably attached to the collar. The various tubes were of different lengths, to avoid continued pressure on the same parts of the trachea. A rigid, blunt-pointed metallic director was used throughout to aid the introduction of the tube. This proceeding was often, after the removal of the tube for some hours, a most difficult one, the operation wound after some weeks being nearly wholly filled up by granulations.

One of the greatest troubles throughout was the abundant production of mucus, necessitating frequent sponging out of the tubes. This was notably affected in amount by the weather, being much increased on cold days. The ordinary steaming apparatus was used for rendering the air moist and warm in the vicinity of the patient.

The details have been given at length from the belief that the case is of some importance from the tender age of the patient. The child is at the present time in perfect health, and the scar of the operation scarcely perceptible.

MIDDLESEX HOSPITAL.

SYPHILITIC STRICTURE OF RECTUM; MANY FISTULÆ; COLOTOMY; DIFFUSE INTERMUSCULAR SUPPURATION; DEATH.

(Under the care of Mr. HULKE.)

THE following account is one of some interest. There have recently been three patients in this hospital on whom Mr. Hulke has performed colotomy; two of them were suffering from syphilitic stricture, and one from carcinoma of the rectum. We shall insert the others at some future time.

E. F——, aged twenty-five, a thin, spare, anæmic woman of medium stature, was admitted into hospital Feb. 9th, 1872, with symptoms of stricture of the rectum.

On examination the anus was found much contracted, the rectum extremely narrowed, not admitting a small bougie. At and around the anus were many clusters of small, suppurating, cutaneous knots, and similar ones just inside the vaginal entrance. She assigns her present illness to the following cause:—About seven years ago she was taken advantage of whilst asleep; she says she is quite certain of this, for she woke up during the perpetration of the act; she was then about eighteen years of age. About a month after this a discharge of slimy matter came away from the bowel without going to stool; this discharge has continued ever since. The bowels have been costive, and the size of the fæces very small. Has been married ten years, but never had any children nor any miscarriages. She was ordered a laxative, five grains of iodide of potassium three times a day, and a suppository of morphia every eight hours.

Feb. 15th.—Since using the suppositories she has much less pain. She complains to-day of darting pains in the throat; her voice is weak and husky; no difficulty of breathing. Ordered to have the larynx painted with iodine, and then hot fomentations to be applied. The discharge from the sinuses about anus less.

26th.—She complains of increased pain in the rectum, and the contraction is increasing; the discharge is not quite so much; throat less painful, and voice not so husky. The question was raised whether the patient would not be benefited if colotomy were performed. Mr. De Morgan, having examined the patient, concurred.

March 6th.—The patient being under chloroform, Mr. Hulke performed colotomy in the left loin. The bowel was found empty, and an attempt was made to distend it by injecting water, which only partially succeeded. Considerable difficulty was caused by its contracted state, and a thin membranous expansion overlying it, which seemed to be fascia, proved, on opening it, to be peritoneum; behind the line of reflection of this membrane stitches were passed through skin and bowel, and the bowel opened, after which the stitches were tied.

7th.—Slept at intervals during the night; has vomited twice; a quantity of water passed through the wound not coloured or mixed with fæces, also a distinctly fæcal motion. She has taken seven half-grain pills of opium; the first three were vomited, the others she kept on her stomach; temperature 101·2°; pulse 108.

8th.—Slept the greater part of the night; has taken no pill since seven last evening; has less pain in the abdomen; temperature 101·3°; pulse 112.

9th.—Fæcal matter has passed through the wound three times since last night; the abdominal pain continues to decrease; still continues the pills about every six hours;

slept the greater part of the night; temperature 101·1°; pulse 106.

11th.—Is very sick; passed a restless night; a good deal of fæcal matter has passed through the lumbar aperture; sickness recommenced this morning (it having begun yesterday but did not last long), and has been more or less constant ever since; has severe headache; expression anxious; knees drawn up; temperature 99·4°.

12th.—Sickness continues; ordered one drop of creasote in a pill every two hours; temperature 99·4°; pulse 112. The wound looks quiet. To take half an ounce of champagne every half hour.—9 P.M.: Sickness somewhat relieved; she has had an injection of morphia every six hours; temperature 98°; pulse 120.

13th.—Passed a restless night, vomiting at inverrals; is quieter this morning, but is evidently sinking; pulse is very feeble. She died this afternoon.

Post mortem appearances.—Diffuse suppuration between the external and oblique muscles extending upwards on lower ribs and over the front of belly to groin, downwards along psoas and iliacus; here subperitoneal. From this inflammation seemed to have spread to the peritoneum, the surface of which was generally slightly dull, its polish dimmed; general redness and a little flaky serum in peritoneal cavity. Colon greatly thickened. An opening into peritoneal sac from the external wound, which would admit the finger-tip, just at median border of colon.

DISLOCATION OF THUMB; EXCISION OF HEAD OF METACARPAL BONE.

(Under the care of Mr. ANDREW CLARK.)

J. S——, aged twenty-five, applied as an out-patient at the Middlesex Hospital with well-marked dislocation of proximal phalanx from metacarpal bone of right thumb. She stated that three weeks before Christmas she was lifting a kettle with her left hand, and dropped it; she put out her right hand to catch it, and this led to the accident. It was poulticed and then leeched, and she was under treatment for five weeks without any attempt being made to reduce the dislocation, but it was then said to be reduced, and the hand was put on a wooden splint, which was changed a few days after for a gutta-percha one. She wore this till she came to the hospital on February 15th. On the 19th chloroform was given and an attempt made to reduce it, but without success, a great deal of swelling being produced, which went down with an evaporating lotion. She said the projection caused by the dislocation was very much in her way, and she was very anxious to have something done to remove it. On March 6th she was again put under the influence of chloroform, and an attempt made at reduction, the tendons round the joint having first been divided subcutaneously. As this also proved unsuccessful, it was determined to excise the head of the metacarpal bone; this was done, and the thumb put into position. The hand was kept in a bath of chloride of zinc lotion (two grains to the ounce) for the night; after this, a lotion of sulphurous acid was used, the hand and arm being supported on a splint. By the 23rd the wound had nearly healed, and a gutta-percha splint was fitted to the part. When seen on the 20th of April she was able to use that hand.

COVENTRY AND WARWICKSHIRE HOSPITAL.

CASE OF UNUSUALLY LARGE HERNIA.

(Under the care of Dr. LYNES.)

THE notes of the following case have been communicated to us by Mr. M. A. Fenton, M.B., house-surgeon.

Wm. B——, aged seventy-seven, coal merchant, was admitted on March 21st, for retention of urine consequent upon enlargement of the prostate; also he had an immense double inguinal hernia. He gave the following history:—The first hernia occurred on the right side about twenty years ago, the second about two years after. It appeared that the openings in the abdominal walls were very large from the first, as the patient stated the intestines came freely down into the scrotum immediately after the ruptures occurred. Being unable to obtain a truss which would keep the parts in position, he went about for some years without any support to the abdomen, during which time the scrotum continued to enlarge, more of the intestines coming down into it, till it reached its maximum size some twelve years ago.

On examination the abdomen appeared flat and depressed, and evidently contained little of the intestines. The scrotum, distended to an enormous extent, reached nearly as low as the knees. The measurements of it were as follows: from the perineum behind over the apex or lower part of the tumour up to the external abdominal ring in front on the left side, twenty-three inches; on the right, eighteen inches; the greatest circumference, about half way down the tumour, thirty-three inches. The penis had altogether disappeared, its position being marked by an oval opening through which the finger could be passed to a depth of some inches before reaching the glans; the original skin of the scrotum could be discerned on the front beneath the aperture for the penis; the rest of the tumour was covered with hypertrophied skin, which was not at all tense, notwithstanding the great size of the hernia. In front the surface was nodulated, taking the form of the intestines which it contained; the vermicular action could be distinctly seen producing a wave along the surface over the course of the intestines; two waves could generally be seen, one following the other at a distance of about three inches. The patient was also suffering from chronic cystitis, from which he died about three weeks after admission.

The post-mortem examination, made twenty-six hours after death, revealed the following state of things:—The duodenum, after winding across the spine, passed into the left side of the scrotum through the inguinal canal, which was so large as to admit the hand and forearm easily; this side contained the whole of the jejunum, and about half the ileum, the other half passing back into the abdomen and down into the scrotum on the right side, where it terminated; this side of the scrotum also contained the cæcum and part of the ascending colon, the rest of the colon, the stomach, and duodenum being the only intestinal contents of the abdomen. The bladder was far advanced in disease; the internal surface was rough and corrugated; the substance thickened and softened. The kidneys were much congested. Other organs healthy.

DEVON COUNTY ASYLUM.

TWO CASES OF ERYSIPELAS AMBULANS VEL ERRATICUM.

(Under the care of Dr. SAUNDERS.)

THE following notes and remarks have been forwarded us by J. Wilkie Burman, M.D. Edin., late assistant medical officer:—

CASE 1.—No. in register, 2995; female, married, aged fifty-nine. Admitted in 1865. In September, 1870, erysipelas commenced in the face, spread from thence to the scalp, thence down the back of the neck to the chest and arms, and gradually extended downwards over the abdomen to the distal parts of the lower extremities. The eruption faded away, and was followed by desquamation, in the order of its appearance, and finally disappeared at the feet, where several small abscesses formed. The illness extended over five weeks, patient lying for some considerable time in a low typhoid state, and at times in an apparently hopeless condition, but by the free use of stimulants and nutrients a slow and tedious convalescence at last commenced, and eventuated in complete recovery.

Strong nitrate of silver was applied on several occasions at the margin of the progressing erysipelatous blush, but without effect. The medical treatment was principally by perchloride of iron, chlorate of potash, and simple salines, such as potus imperialis *ad lib.*

CASE 2.—No. in register 3049; male, single, aged fifty-one; admitted in 1865. In February, 1871, he was attacked with erysipelas, which, commencing on the face and scalp, pursued a course very similar to that in Case 1, differing, however, in the non-formation of abscesses in the feet, and in the occurrence of general dropsy without albuminuria. His illness was prolonged for a period of two months, and his life was frequently despaired of, the typhoid condition being both more marked and persistent in this than the former case, and the patient remaining for many days with a dry glazed tongue, quick and weak pulse, and hot and dry skin. He was only "pulled through" by a lavish use of stimulants and concentrated nutrients. The medical

treatment was the same as in Case 1, with the exception of special treatment for the dropsy. With the subsidence of the eruption the dropsy gradually disappeared, and, though much reduced in weight, the patient ultimately made a good recovery, losing, however, a considerable quantity of hair from the scalp.

Remarks.—This very peculiar and dangerous form of erysipelas has been little more than mentioned as one of its varieties by most authors on surgery. The best accounts of it are given by Dr. Pirrie in his "Principles and Practice of Surgery," p. 82, and by Campbell de Morgan in Holmes's "System of Surgery"; but in each of these cases merely a short paragraph is dedicated to its consideration. So far as the writer can ascertain, there are only two similar cases on record—viz., one by La Motte (Cooper's "Surgical Dictionary," article Erysipelas), and the other by M. Vidal ("Médecine Opératoire"). Besides the general progressive nature of the disease, it is peculiar on account of its very severe and prolonged constitutional symptoms, which are of a low type, and call for an eminently sustaining treatment. The local symptoms are not of much moment, though the whole thickness of the skin is involved; for the worst topical occurrences in the two cases above described were small abscesses in the foot of one, and small bullæ here and there on the skin of both as the disease progressed.

HÔPITAL LARIBOISIÈRE.

OSSEOUS CYST OF THE LOWER JAW.

(Under the care of M. VERNEUIL.)

THERE is at present to be seen in the wards of Dr. Verneuil at Lariboisière Hospital, an interesting case of tumour of the jaw. The patient is a man twenty-seven years of age. The tumour is situated on the right side of the lower jaw. Externally it presents the size of a large pigeon's egg, and is quite painless even when pressure is exerted. It is depressible, soft, and elastic in certain parts, and hard and bony in others. It forms part of the jaw and is immovable upon it. It has taken about a year to reach its present size. Near the tumour is the carious root of a molar tooth. M. Verneuil does not hesitate to classify this tumour with the osseous cysts described by Dupuytren. The idea of a dental abscess must be excluded, as there has never been any pain, and as the tumour is quite independent of the gum; indeed there can be no doubt that it is seated within the bone. On the other hand, there are no symptoms to suggest the idea of a cancerous tumour. M. Verneuil proposes to puncture the tumour with the aspirating syringe, so as to examine the contents of the tumour, and thus add to the safety of his diagnosis. He will then cut off a bit of the tumour from the surface which it presents in the mouth, with the object of bringing on suppuration within the tumour, and thus promoting a healing process.

HÔPITAL LA PITIÉ.

A FEW days ago, on visiting the surgical wards of La Pitié, we heard M. Lannelongue make some practical remarks touching a case of flat-foot (in a girl of twelve) which he was examining. These remarks were elicited by a recent publication of Duchenne of Boulogne, in the *Archives de Médecine*, in which the writer lays great stress on the impotency of the peroneus longus in the production of talipes valgus. M. Lannelongue emphatically demurs to this view, and in explaining the mechanism of the production of splay foot, lays stress on two points—pain in the joint, and contraction of the peroneus brevis. In this case (an incipient one) he thought that rest and immobility of the foot would suffice to effect a cure.

Among the cases now under treatment in the wards of M. Broca, two are especially worthy of being noted.

PHOCOMELIA IN A CHILD OF SIX MONTHS.

The patient is a little girl of six months, and presents two congenital deformities—an umbilical hernia of the size of a pigeon's egg, and a peculiar deformity of the left lower limb. From the child's birth there seemed to be a total absence of the right thigh, and the corresponding leg appeared to proceed directly from the body. Gradually, however, a hard projecting part, representing the knee, was seen to grow from the inner part of the groin; and, at present, on pulling the leg, the knee is brought down, showing a rudimentary thigh, in which the femur is very oblique, and is directed backwards and outwards. It measures about four centimetres in length. When the child is viewed from behind no thigh is discoverable, and the popliteal fold is confounded with that of the buttocks. The knee-joint is movable; it is habitually flexed, and extension movements are very limited. They, however, allow of the leg being put in a vertical position. The child is robust, and doing quite well. M. Broca considers surgical intervention in this case as highly useful, and recommends continuous extension by means of an appropriate apparatus during the whole period of growth. He thinks that the employment of such means is necessary in all analogous cases, where continued flexion causes arrest of circulation and proves an impediment to growth.

ELEPHANTIASIS OF THE LEFT LOWER LIMB AND OF THE RIGHT LABIUM EXTERNUM.

The patient is also affected with hydatid cyst of the liver. The case is of interest from the fact of its appearing in Europe. The skin is hard, horny, with a brownish hue and deep folds of the surface; the foot is quite characteristic of elephantiasis. The disease broke out in youth, about twenty years ago, and has since followed a gradual progress, attaining its present development without ever causing any obstacle to walking.

Reviews and Notices of Books.

A Treatise on Diseases of the Bones. By THOMAS M. MARKOE, M.D., Professor of Surgery in the College of Physicians and Surgeons, Surgeon to the New York Hospital, &c. pp. 413. New York: D. Appleton and Co. 1872.

DR. MARKOE'S treatise "does not claim to be a complete compendium of all that is known on the subjects of which it treats," but we would willingly have exchanged some of its completeness for a little more originality. As a compendium of the current views on osseous pathology, we have little fault to find with the book; but we would rather have had more of Dr. Markoe's own views, and less of Stanley, Paget, Billroth, Barwell, and Heath, and particularly more original and fewer borrowed illustrations. Hypertrophy and atrophy of bone, inflammation, and suppuration are duly described; and on the subject of osteo-myelitis Dr. Markoe upholds the views of Roux respecting disarticulation, and believes Mr. Longmore's views to be "unsound and founded on an erroneous pathology. The tubular sequestra of which he speaks, and which he regards as always the result of osteo-myelitis, have in fact no connexion whatever in most cases with this formidable disease." (p. 53.)

We rejoice to find that rickets "is a disease so rarely seen in America that the author has no experience which would entitle him to speak of it authoritatively from his own observation." Under these circumstances, Dr. Markoe has done wisely in drawing his description from Sir W. Jenner's graphic account of the disorder. Caries is described as "a disease of the cancellous structure of bone, characterised by a chronic or subacute inflammation terminating in suppuration, which is partly infiltrated and partly collected into abscesses, the cavities of which abscesses, after they have discharged their contents, have a tendency to ulceration, whereby sometimes extensive destruction of bone-tissue results." The author divides caries into primary or idiopathic, and secondary or symptomatic, by which latter he means the carious condition of the articular ends of long bones due to old-standing disease of the joint. In the treatment of this form the author lays stress upon the ap-

plication of blisters immediately over the affected part, but in these and other cases he is convinced that it is their primary effect which is the valuable one, and that they are very poor and very uncomfortable derivatives. In the chapter on Necrosis some interesting cases are quoted, and two particularly bearing upon the production of hæmorrhage through perforation of a main vessel by a spiculum of necrosed bone. Necrosis of the bones of the cranium and phosphorus-necrosis are also well illustrated with cases.

Tumours of bone are discussed in the latter half of the work, and here the amount of original matter is small. The symptoms and pathology of the various simple and malignant tumours of bone are fairly described, and in a concluding chapter Dr. Markoe sums up the treatments proposed for cancer of bone. These he divides under five heads:—1, repeated local depletion by leeches; 2, systematic compression; 3, galvano-electricity; 4, ligature of artery leading to tumour; and 5, ablation. We need refer only to the last. Dr. Markoe maintains that "no degree of thoroughness or promptitude in operation will, in any given class of cancers, secure an immunity from recurrence," thus being diametrically opposed to the views put forward by Mr. De Morgan, the late Mr. Moore, and others. He, however, states the case fairly enough for and against operations in cancer generally, though we have not been able to discover any expression of opinion on the vexed question of disarticulation of bones affected with cancer at one extremity.

The Fallacies of Teetotalism; or the Duty of the Legislature in Dealing with Personal Freedom, and an Elucidation of the Dietetic and Medicinal Virtues of Alcoholic Liquors. Comprehending an Exposure of the False Doctrines of the United Kingdom Alliance, and of the Detestable Tyranny of the Maine Law or Permissive Bill. By ROBERT WARD, Editor of the *North of England Advertiser*. London: Simpkin, Marshall, and Co.

AT the present moment, when there is so much just shame at the amount of drunkenness still amongst us, and a desire to do something in the way of legislation with a direct view to the abatement of this great national evil, a book like the one before us appears rather opportunely. Though the author theorises too readily, and wanders about discursively among various collateral and difficult questions but slightly related to his main subject, there is a pervading vein of common sense in his arguments which is too often conspicuously wanting in the advocates of total abstinence and of legislative enforcements of it.

Mr. Ward comes forth as the opponent of the Maine Law, and, more especially, as the opponent of Dr. Lees. The extreme statements of this popular lecturer have never received serious attention from scientific men or statesmen, who have respectively to take accurate and broad views of social questions, and we cannot afford to appear to attach much importance to Dr. Lees' statements by any lengthened discussion of Mr. Ward's refutation of them. We have no hesitation in admitting that Mr. Ward makes out a strong case against teetotalism as a general rule or habit of life, and against any extreme legislation in the direction of the Maine Liquor Law; and we commend his propositions and his whole book to the notice of those who wish to form a sound opinion on the duties of the State in reference to the sale of alcoholic liquors, and on the duties of individuals in reference to the use of them. Having said this much, we must add that the author appears to us to be too fearful and apprehensive of the evils that will arise in society from the extensive spread of teetotalism or from legislative attempts to prohibit the traffic in alcoholic drinks. Mr. Ward believes that more persons die of the want of alcohol than die from the excessive consumption of it, and he prognosticates a decline of national greatness and civilisation if the detestable tyranny of the Maine Law comes into force amongst us. Now, we must say that we have never yet had a moment's uneasiness about the people that are dying for want of alcohol. As doctors, we must say that such cases are extremely infrequent in medical practice, while we are constantly seeing people impaired in health and injured in their vital organs from excess. We agree with Mr. Ward that it is not the duty of the State to interfere unnecessarily with the domestic practices and enjoyments of the people, and we concur with him in his denunciations of the Maine Law as tyrannical and altogether objectionable. But he does not admit sufficiently the reasons for some interference. It is hard for ratepayers to be keeping up a number of public-houses greatly in excess of what is needed for the supply of any reasonable or physiological want; for we maintain that all consumption beyond this point tends strongly to pauperism, and falls ultimately upon the sober ratepayers, who have therefore a clear right to a voice as to the extent of the trade.

We have said that the author theorises too readily. He has a great theory as to the cause of excessive drinking in individuals. It is this—that it comes of excessive abstinence in the ancestry. The way in which this is assumed, both in the case of races and individuals, is surprising. Mr. Ward should have adduced cases or facts in support of a theory so opposed to common observation. Meantime the tendency to excessive drinking is notoriously met with in those whose ancestry have shown a similar weakness; but Mr. Ward makes no allusion that we remember to this most important fact.

We have said enough to show that we do not entirely agree with Mr. Ward. Temperance is the great thing, and this must be chiefly a matter of sound education; but meantime we should hail any legislation that would abate in any degree the disgraceful drunkenness that still exists. We should have read Mr. Ward's book with more pleasure if he had thought less of Dr. Lees, and more of the poverty, vice, and disease, that are associated with drink.

On Food. Being the substance of four Cantor Lectures by HENRY LETHEBY, M.B., M.A., Ph.D., &c. Second Edition, enlarged and improved. London: Ballière, Tindall, and Cox. 1872.

Round the Table: Notes on Cookery and Plain Recipes, with a selection of Bills of Fare for every Month. By the "G. C." London: Horace Cox. 1872.

THESE two works deal with different aspects of the same subject, Dr. Letheby's discussing food in all its varieties, its chemical composition, its nutritive value, its comparative digestibility, its physiological functions and uses, its preparation, its culinary treatment, its preservation, and its adulteration; while the "G. C.'s" makes a tour of the dining-table, and dwells artistically on all the methods by which food is made pleasing to the senses and conducive to social entertainment.

Dr. Letheby's work, though calling itself a second edition, is practically a new book. In its original form it won considerable popularity both at home and in America, for its combined comprehensiveness and conciseness. To independent investigation it made little or no pretensions, its object being to place before a promiscuous audience in an intelligible form the latest findings of physiologists on the subject of food. Beginning with the determination of nutritive standards, according to the amount of nitrogenous and carbonaceous matters required daily by the human system, and to the proportion in which the same matters are found in human milk, Dr. Letheby proceeds to describe

the varieties of food, vegetable and animal, with their chemical composition and nutritive value. Next comes the comparative digestibility of different foods, with their functions; and under this section Dr. Letheby combats vigorously the thesis of Liebig that the amount of nitrogenised food necessary to restore the equilibrium between waste and supply is directly proportional to the amount of tissue metamorphosed; in other words, that the amount of living matter which in the body loses the condition of life is, in equal temperatures, directly proportional to the mechanical effects produced in a given time. To refute or rather to modify these far too absolutely stated positions, Dr. Letheby cites the well-known experiments of Drs. Fick and Wislicenus; but fails to make adequate use of the much more elaborate and refined observations of Dr. Parkes. Of these an excellent summary and criticism is contained in Dr. Pavy's contributions to THE LANCET for January and February of the present year. Dr. Letheby treads with a surer step on the subject of dietaries as constructed for hospitals, prisons, workhouses, and lunatic asylums, and concludes his exposition by a very lucid account of the preservation of food, and the modes in which its unwholesomeness and adulteration may be detected. A useful series of tables accompany the text. The value, however, not to say the sightliness, of the book would have been much enhanced by a more accurate revision of the style and the proper names.

The "G. C." (which we take to stand for "Gallic Cock," the *nom de plume* of a well-known writer on cuisine in a popular weekly journal) presents us with one of the best treatises on the art of dining that we have met with. We English are notoriously inelegant and extravagant in our cookery, and certainly far behind "our lively neighbour the Gaul" in the art of arranging a dinner. We make so many mistakes, not only in the conception, but in the carrying out of that sovereign meal that a dinner party has come to be included among the recognised bores of society. To say nothing of unskilful attendance, of inartistic decoration of the dinner-table, of overcrowding of guests, of ill-adjusted temperature, of the unsightly *mise en scène*, so to speak, of the table itself, how frequently does the average London dinner set at defiance the established prescription of Brillat-Savarin or Ude! "How often," says the French *chef* in *Tancred*, "have I seen a good dinner spoiled by a vulgar dessert!" But all the satire of D'Israeli or Thackeray will have been thrown away unless supplemented by a trustworthy guide to those requirements which French wives, daughters, and cooks seem to realise instinctively. This the "G. C." supplies in a full, intelligible, and vivacious exposition of the various steps in cookery: of how to make broths, for instance, for the healthy and for the invalid; of the mysteries of frying, boiling, and roasting; of the proper treatment of vegetables, up to the acme of the culinary art in the construction of those "epigrams" in mutton and lamb of which the French are so fond. Nor is it merely from a social point of view that an improved cuisine, such as is here laid before us, is in the last degree desirable. No physician, no intelligent nurse need be told how much a well-cooked, appetising, easily-digested meal is conducive to health, domestic harmony, and mental exhilaration. We cannot examine the "G. C.'s" prescriptions in detail; but this we can say of them, that they bear all the marks of scientific compounding, and are certainly most "easy to take." We may add, that while he expresses himself with a French vivacity, his English is that of a literary *chef de cuisine* who is as dexterous in the composition of a paragraph or the arrangement of a chapter as in the making of a croquette or in the manufacture of a sauce.

The British and Foreign Medico-Chirurgical Review and Quarterly Journal of Practical Medicine and Surgery. No. XCIX. July, 1872. London: J. and A. Churchill.

THE present number contains an article on "Cholera, its origin and distribution," which gathers up a considerable amount of information bearing upon the subject of the spread of this disease. Some of the facts, especially those related by Dr. William Budd, Dr. Parkes, Mr. Netten Radcliffe, and others, are of a precise character, and they are on this account worthy of being presented and reflected on again and again, although they were mostly published long ago. The review of the "Present state of Cardiac Diagnosis and Therapeutics," and the article on the "Pathology of Cancer," are worth reading; and a short contribution on the "Action of certain Neurotics on the Cerebral Circulation" is suggestive. The review of Vol. II. of the late Sir James Simpson's works is somewhat thin. The journal contains the usual reports, grouped together under the title of a Chronicle of Medical Science. As a whole, it is a good number; but "The British and Foreign" is not what it once was as a review.

Foreign Gleanings.

IS STRYCHNIA THE ANTIDOTE TO CHLORAL?

M. ORÉ, Professor of Physiology at the Bordeaux School of Medicine, answers in the negative, or at least he denies that Liebreich had the right to state that strychnia was the antidote to chloral, as an inference from the experiments which he (Liebreich) had performed. M. Oré has been going over Liebreich's experiments, and has not attained the same results. It will be remembered that Liebreich's experiments went to show:—1. An hypodermic injection of two grammes (half a drachm) is deadly to rabbits. 2. An injection of one milligramme and a half of strychnia is equally deadly. 3. If an hypodermic injection of one milligramme and a half of strychnia be made into a rabbit, even when the effects produced by a subcutaneous injection of two grammes of chloral have begun to show themselves, these effects are rapidly arrested and the animal is restored to life. On the other hand, it dies if no strychnia is administered.

M. Oré's counter-experiments, eight in number, have been conducted on rabbits of various sizes. The results are: If two grammes of chloral occasion death in certain cases they do not in all; and the same may be said of one and a half milligrammes of strychnia. M. Oré concludes that strychnia may be the antidote to chloral, but that the fact has not been demonstrated by Liebreich in his experiments.

TWELVE CASES OF TRACHEOTOMY, WITH REMARKS.

M. E. Dudon, of the Hôpital St. André, Bordeaux, has just published the account of twelve cases of tracheotomy which he performed, and in six of which cure was effected. From the careful study of his twelve cases M. Dudon draws a moral which has so often been pointed out, especially by French surgeons, but which cannot be too often repeated—namely, the necessity of not waiting too long before operating. M. Dudon is convinced that had he been able to operate sooner, some of the unsuccessful cases would have ended favourably. The less the false membranes have extended to the trachea and bronchi the better respiration is restored; the less asphyxia is marked and the blood altered, the more the strength of the child will be preserved to resist the disease. "Considering," says the author, "tracheotomy to be in itself a benign operation, when viewed independently of the morbid causes which may necessitate it; convinced that if regularly performed upon healthy children it would scarcely ever occasion death; persuaded, as I am, that it is advantageous for children affected with croup to be operated on at an early stage of the disease before the malady and asphyxia have made any great progress; and backed by the results

of my twelve cases, I believe I am justified in saying that tracheotomy is an operation which, to produce all the good results which are expected from it, must be practised early—I mean as soon as the larynx is invaded by the false membranes and that medical means have failed. It may well be compared with the operation for strangulated hernia, which, when performed at the beginning of strangulation, after taxis under the influence of chloroform has proved unsuccessful, affords much more favourable results than when ulceration or gangrene of the intestine and the development of peritonitis have been allowed to take place."

OEDEMATOUS ELONGATION AND PROLAPSUS OF THE CERVIX UTERI.

In an able paper in the *Archives de Médecine* (July, 1872), Dr. Guémot has carefully investigated the above subject. The chief points of the paper may be briefly summed up thus: The author considers the disease as comparatively frequent, it being often confounded with hypertrophic elongation or pure prolapsus. Its symptoms are quite distinct, however; hyperæmia of the organ, the peculiar disposition of the cavity (transformed into a long and open canal), the rapidity with which the various symptoms are liable to disappear and their facility to return under certain circumstances, ulceration of the os, inversion of the vagina, attenuation and flaccidity of the uterine walls, pains around the pelvis, general weakness, and disorders of nutrition, being the characteristic traits of the disease. The causes are complex, and are anatomical or mechanical. The disease is more painful and inconvenient than dangerous to the mother, but it is highly serious to the child, by producing premature labour or abortion. The treatment suggested is to put back the prolapsed organ into the vagina, and maintain the reduction by means of a bandage to the vulva; horizontal posture; careful abstinence from the use of pessaries; and, after delivery, prolonged observance of the recumbent posture.

TREATMENT OF SYPHILIS BY MEANS OF HYPODERMIC INJECTIONS OF CORROSIVE SUBLIMATE IN THE FORM OF A CHLORO-ALBUMINOUS SOLUTION.

Dr. Staub, of Paris, has published, under the above head, the results of a most interesting series of experiments. The object of Dr. Staub was to avoid the local accidents caused by hypodermic injections of sublimate, and also to be able to employ stronger doses. This he effected by means of an albuminous solution of sublimate in alkaline chlorides, according to the principles laid down by Gubler, Mialhe, Barensprung, &c. The formula for injection deserves to be carefully noted. Sublimate and chloride of ammonia, of each 20 grains; chloride of sodium, about 62 grains; distilled water, 20 grains. After filtration the whole is mixed up with an albuminous solution (white of an egg, water 4½ drachms). This mixture produces no local inconvenience; it contains 5 milligrammes (about $\frac{1}{12}$ grain) to every 20 drops. The results of treatment, states Dr. Staub, have been very favourable. In the 44 cases related the duration of treatment varied from seventeen to thirty-four days, with one centigramme ($\frac{1}{6}$ grain) of sublimate injected each day. The author comes to the conclusion that the hypodermic method, with the chloro-albuminous solution of sublimate, can and ought to be transformed into a general mode of treatment of syphilis; that it will take the first place in the therapeutics of syphilis; and that it may be applied to all cases (syphilitic or not) where a mercurial treatment is indicated.

DIAGNOSIS OF INCIPIENT CANCER OF THE NECK OF THE UTERUS.

Prof. Spiegelberg states, in the *Arch. f. Gynæc.*, vol. iii., part 2, that in the incipient stage a distinction between cancer and simple induration of submucous cellular tissue can easily be made in the following manner. The mucous membrane, in cancer, will be found firmly glued and immovable, which is not the case in hyperplastic thickening and induration, and when the sponge-tent is introduced, the latter thickening will become looser, softer, and thinner, whilst in cancer the neck remains hard and unyielding.

RAPID CONTROL OF EPISTAXIS.

Dr. Marin, of Geneva, considering that in this accident the blood comes usually from one nostril only, and mostly from the anterior third of the latter, has tried to compress the facial artery on the superior maxillary bone, close to the ala nasi. The afflux of blood into the cavities of the nose is thus stemmed, and the epistaxis soon stops. M. Marin says that he has thus relieved many persons in the street, on board steamboats, in railroad carriages, and even at the theatre.

RELATION OF PUERPERAL FEVER TO ZYMOTIC POISONS.

THE following tables are referred to in our leader, and will be studied with some interest.

Mortality from Scarlet Fever, Puerperal Fever (Metria), Childbirth, and all causes in England and Wales.

Years.	Deaths per 1,000,000 living.			Deaths per 1000 living.
	Scarlet fever (including diphtheria).	Puerperal fever (metria).	Childbirth.	All causes.
1852	1055	54	127	22·4
1853	867	44	125	22·9
1854	1008	52	112	23·5
1855	935	58	103	22·6
1856	752	57	97	20·5
1857	746	44	102	21·8
1858	1572	54	107	23·1
1859	1513	63	116	22·4
1860	758	50	112	21·2
1861	683	45	106	21·6
1862	982	47	106	21·5
1863	1818	57	120	23·1
1864	1708	72	123	23·9
1865	1052	64	120	23·4
1866	699	57	118	23·6
1867	703	50	111	22·0
1868	1160	56	107	22·2
1869	1395	54	96	22·6
1870	1552	66	105	22·9

Note.—Prior to 1869 diphtheria was not distinguished from scarlatina in the death-abstracts; the two diseases have been kept together throughout in this table since 1859, in order that the comparison might be preserved for all the years.

Deaths of Women AFTER CHILDBIRTH *in England and Wales, classified under the following Diseases:—*

	1864.	1865.	1866.	1867.	1868.	1869.	1870.
Small-pox	37	59	18	34	16	19	Facts not yet available.
Measles	3	—	1	2	5	3	
Scarlet Fever	54	16	13	37	42	78	
Diphtheria	3	1	2	1	2	1	
Typhus Fever	34	39	27	31	90	11	
Typhoid Fever						38	
Simple Contd. Fever						15	
Erysipelas	4	7	2	2	10	5	
Dysentery	2	5	2	3	5	3	
Diarrhœa	13	30	33	23	47	49	
Cholera	2	5	33	2	2	1	
Remittent Fever ...	1	4	—	1	—	—	
Rheumatism	4	4	4	10	15	18	
Syphilis	1	3	3	2	4	3	

BEQUESTS, &c., TO MEDICAL CHARITIES.—MRS. Ellen Smith, of Gloucester-terrace, Regent's-park, bequeathed (after the death of her husband, to whom she gave a life-interest) £2000, three per cent. Consols, to the Hospital for Women, Soho-square. Mr. James Daniel bequeathed £250 each to the General Hospital, the Queen's Hospital, Free Hospital for Sick Children, and General Dispensary, all at Birmingham. Mr. E. Tyson bequeathed £250 to the Great Yarmouth Hospital. The Grocers' Company have given £100 to the British Home for Incurables. St. Mark's Hospital for Fistula, &c., has received £100 under the will of Mr. Steward.

THE LANCET.

LONDON: SATURDAY, JULY 20, 1872.

THE Public Health Bill survives. After two morning sittings, during which many hours were fruitlessly wasted, Mr. STANSFELD and his colleagues have coerced or persuaded their opponents into acquiescence; and it is probable that as we go to press the Bill will be rapidly passing through committee. If the Bill was to pass at all, it was well (and it was, indeed, designed beforehand) that all material discussion should take place before the clauses were considered separately. The President of the Local Government Board told the House on Friday that he had obtained the sanction of the Treasury to the payment of a moiety of the salaries of the future medical officers out of the Imperial exchequer. We are enabled to state that this decision was arrived at within a very few hours of its promulgation; and that this important step in the right direction was chiefly brought about by the exertions of Dr. LYON PLAYFAIR, who deserves a considerable amount of credit for the persistent and consistent way in which he has urged the principle that sanitary work, to be effective, must be, to some extent, independent of local influences and interests. We are also advised that the Corporation of London will be named as the "port sanitary authority" for the port of London; and there is no reason to doubt that they will conduct inspectorial authority on the river exceedingly well, if a proper understanding exists between these officers and those of the Conservancy. But this, after all, is merely a matter of administration. We must in the middle of July be thankful for small mercies; and the gravity of any legislative question can never be so surely indicated as when the Leader of the Opposition comes down to the House of Commons, on a morning sitting, for the express purpose of asking his followers to support a particular measure that the Government are endeavouring to pass. Mr. HIBBERT very properly remarked that money is far better spent in preventive than in curative measures; and Sir CHARLES ADDERLEY accepted the assurance of Mr. STANSFELD that the larger Bill would be proceeded with next session. Colonel BARTTELOT objected to be ridden over rough-shod by an "army of doctors," but failed to give good reasons in support of his opinion; and Mr. DISRAELI put his "*sanitas sanitatum*" principle into practice briefly and successfully. We look upon the measure about to become law as merely tentative and provisional; but it is a matter of congratulation that our legislators have at last been induced to give some sort of effect to expressions of feeling and records of fact relating to the enormous amount of preventable misery, mortality, and disease at present existing in the country.

THE whole question of puerperal fever is one of great interest to medical men; and their interest in the subject has not been diminished by recent theories as to the relations subsisting or supposed to subsist between this melancholy affection and cases of zymotic disease. Our readers may remember that last year we commented on a suggestive paper by Dr. BRAXTON HICKS, contained in the Obstetrical Society's Transactions for 1871, in which he seemed to trace a connexion between a large proportion of the cases of puerperal fever seen by himself and scarlet fever—the symptoms being more or less those of scarlet fever, and there having been in 15 out of 37 such cases distinct exposure to scarlatina. Dr. HICKS reported 89 cases of which the history was tolerably clear; purposely omitting, however, those in which serious symptoms occurred after instrumental or manual operations. In 68 there was an ascertained or probable cause, and they were classified according to this cause as follows: Class 1. Scarlet fever, 37 cases; Class 2. Erysipelas, 6; Class 3. Diphtheria, 7; Class 4. Typhus or typhoid, 2; Class 5. Decomposition of uterine contents, 9; Class 6. Emanations from sloughy wound, 1; Class 7. Puerperal fever; Class 8. From mania (?), 4; Class 9. Pyæmia from sore nipples (?), 1. In 21 cases the cause was uncertain; but the symptoms appeared in 4 either at or before the time of labour, and in 17 from the third to the fifth day after, the usual time for scarlet fever to appear in lying-in women. Dr. FARR had thrown out a similar suggestion some years before. In his Report to the Registrar-General on Causes of Death in 1867 (appended to the Thirtieth Annual Report), he observes that "the contagion of scarlatina evidently in some cases lights up a puerperal disease which has not yet been distinguished from puerperal fever."

The question of the relationship of puerperal fever to the zymotic poisons is one that should be settled as soon as possible. The data by which it is to be decided must be clinical rather than statistical. And yet, if the theory to which we allude is a sound one, there should be some statistical evidence of its truth in the form of a direct proportion between the rate of mortality in any given year from scarlet fever and from puerperal deaths of a scarlatinous character. It is with this view that we have had prepared two tables, the first of which gives the mortality from scarlet fever, puerperal fever (metria), childbirth, and all causes in England and Wales, for a period of nineteen years; the second gives for six years the deaths of women *after childbirth* in England and Wales, classified under all the principal zymotic diseases. These tables will be found in another column. We have looked eagerly to them for their evidence on this question, the serious bearings of which are too obvious to be insisted on. We shall leave our readers to study the details of the significance of the statistical evidence. There does not seem to be any invariable relation between the amount of scarlet fever, or rather of mortality from it, and the amount of mortality from puerperal fever. Thus in the year 1863 the mortality from scarlet fever was very high, there being 1818 deaths from it in a million persons living. The deaths from puerperal fever in a million were 57. In 1866 the mortality from scarlet fever was, with one exception, at the lowest point for the nineteen years. The deaths to a million were 699—little more than a third of those in 1863. But the deaths from puerperal fever were just the same as in 1863—viz., 57. Taking five years in which the

mortality from scarlet fever was highest, averaging 1652 deaths per year in a million, the mortality from puerperal fever was 62 per million; and that from "childbirth," without further description, was 114 per million. In five years in which the mortality from scarlet fever was lowest, averaging 716 per year in a million, the mortality from puerperal fever was 50, and that from childbirth 106. These averages may seem to give some countenance to the theory that there is a relation between the puerperal and the scarlatinous poison. But it must be allowed that the evidence is not convincing or striking. If the scarlatinous poison were really the cause of puerperal fever, surely we should have an amount of puerperal fever in epidemics of scarlet fever much more in excess of that of ordinary times than appears to be the case from these tables. Our readers, however, will study the second table which we publish to-day, giving the deaths of women after childbirth attributed to the principal zymotic diseases in five years ending with 1869. According to this table there are more deaths in puerperal women from scarlet fever than from any other zymotic disease. Thus there were in the five years 183 deaths from small-pox, 195 from diarrhœa, 211 from continued fevers, and 240 from small-pox. The deaths from scarlet fever, it may be noticed by comparing the two tables, are highest in years of epidemic prevalence. But this is just what we should expect, apart from the direct or special conveyance of the zymotic poisons.

On the whole, the evidence of the direct and special conveyance of zymotic poisons into the susceptible system of puerperal women is not much increased by an examination of these tables; but as far as they go, and in connexion with other facts of a more detailed kind, such as those of Dr. HICKS, they make it a most imperative duty on obstetricians to rid themselves as much as possible of all zymotic contamination in doing midwifery work. Some medical men become so familiar with zymotic poisons as to acquire a contempt for them. This should be guarded against. In the whole range of medical experience there is nothing more melancholy than to see, after a successful termination of the mechanical difficulties of parturition, the patient showing symptoms of blood-poisoning. We regard puerperal fever nowadays, not as an inflammatory condition, to be met by mercury, but as a blood-poisoning, to be avoided by the most minute care and cleanliness. Men of large practical experience will still doubt whether it is often related to the ordinary zymotic poisons; but clearly it is the duty of medical men who practise midwifery to take every precaution to specially protect lying-in women from contact with such poisons, or breathing air that may contain them.

IN any future legislation on the subject of medical reform, if indeed it be not too sanguine to hope that such will ever be accomplished, the question of the employment of unqualified assistants is one that ought to receive most serious consideration. As medical education is at present conducted, there can be no doubt that it would be very useful to have a period of even compulsory assistantship prior to the final examination, as almost the only possible means of teaching the conduct of a practice, the management of private patients, and the differences between home and hospital appliances in the treatment of the sick. But it is monstrous that medical men, themselves the very first to exclaim against the toleration of unqualified *rivals*, should be permitted to extend their work by the aid of unqualified *assistants*, or that they should employ such assistants as substitutes, or to perform medical functions, as distinguished from dispensing and book-keeping. Whenever this question is brought into prominence by some of the untoward results that so frequently follow upon the practice we condemn, we are sure to receive many letters from assistants of the class referred to, defending their own position, speaking of hardships connected with their individual cases, pleading the personal respectability and tried trustworthiness of the writers, and arguing generally *il faut vivre*. Their medical employers are more reticent; but it is well known that the demand for unqualified assistants rests upon three grounds: first, that they can be obtained at less cost than qualified men; secondly, that, being unable to practise independently, they are more likely to enter into lasting engagements; and, thirdly, that they cannot become opponents in the districts to which they have been introduced. With regard to the supply, it must be confessed, we fear, that it is largely composed of professional "failures." At one medical school in London there is said to be a pupil—we can hardly call him a student—who has already been plucked ten times; and the probability is that, whenever he is tired of the process, he will become an "unqualified assistant." There are some men who remain unqualified as a result of an adverse change of circumstances during their time of pupilage; and it is possible that a few among them may devote their scanty stipends to the support of mothers or sisters who would otherwise be in want. Such cases cannot be numerous; because, in the first place, the stipends are too small, and because men of sufficient fortitude and self-denial so to apply them would, under such circumstances, be sure to remove, or to have removed for them by others, the difficulties in the way of qualification. The insurmountable difficulties are usually only two—marriage and intemperance. A pupil who is wholly dependent upon his father's life income, and who yet marries during his studentship, is possibly a more amiable person than another who habitually exceeds moderation in the matter of beer. But the person capable of such foolish self-indulgence cannot have in him even the raw material of a satisfactory doctor. The unqualified beer-drinker may amend, but the unqualified Benedict is hopeless. Neither one nor the other should be suffered to raise a plea that should for a single moment obstruct a much-needed reform; and, if they both must live, it were better that they should do so in any other way than by imperilling the lives of their fellow-creatures.

As far as the profession is concerned the unqualified assistant is a very serious evil. His influence in lowering medical charges, and in enabling men to undertake medical duties, by his agency, at prices that would be otherwise impossible, is felt throughout the whole of the locality in which he is employed. Let us suppose that in a town where there are four practitioners, and where there is work enough for five, one of the number keeps an unqualified

assistant, and allows him to act as a medical man at a very low rate. The result is simply to diminish the fees of all four and to lower the club and union rates of payment, insomuch that it is very doubtful whether even the employer of the unqualified man, although he may obtain a greater amount of badly-paid work, derives so large an income from his practice as he would do otherwise.

It is clear, moreover, that, besides the case of the unqualified assistants and that of the doctors, there is a third case, and a very strong one, in that of the public, who may reasonably object to be placed in deadly peril by even the well-intentioned efforts of ignorant people. If sick persons choose to employ a quack, they do so with their eyes open; but if they send to the establishment of an authorised practitioner, they have a right to expect that his assistant, if he keep one, shall be legally qualified for the performance of his duties. A painful case that has recently occurred at Newport, where an unqualified assistant has been committed to take his trial for manslaughter, may very well serve to illustrate the interest of the public in the matter. According to the evidence given before the coroner, it appears that in this instance the principal was ill, and unable to attend personally to his practice. The unqualified assistant went to a woman in labour, the mother of four children, having been sent for by a midwife, who discovered a transverse presentation. He remained with the woman all night, and left her undelivered and dying in the morning. At the post-mortem it was found that the uterus was ruptured, probably by its own expulsive efforts. We forbear to comment upon a matter that will be made the subject of a criminal trial; but it is sad to reflect that duly qualified men were near at hand, and that one of them would have been sent for if the unqualified assistant had not by his presence and by his acceptance of the trust reposed in him stopped the way and concealed the need. It is imperatively necessary that the practice of employing unqualified assistants should be abandoned; and, if medical men will not abandon it of their own free will, they must not be surprised if it should shortly be prohibited by law.

D. L. OSER and W. SCHLESINGER have undertaken a series of investigations into the characters of the uterine movements, which, they observe, have been but little studied of late years, and with improved means of research, whilst those of the intestines, ureters, and other organs have been carefully examined. Their experiments were performed upon for the most part 20 curarised animals, and are recorded in the last part of STRICKER'S *Med. Jahrbücher*. At the commencement they found not unfrequently that a stimulus which in one animal excited the most violent uterine contractions, in another was apparently wholly inoperative, and this not only in animals of different genera, but in those of the same species. In rabbits, for instance, it sometimes happened that the slightest mechanical stimulus called forth active contractions, whilst in another animal no response occurred to the strongest electrical currents. They find that the animals best adapted to exhibit the movements are young but sexually mature rabbits which have not yet been impregnated. In these the uterus, when the abdominal cavity is laid open, appears as a flat, band-like, pink-coloured organ, at perfect rest, and but rarely exhibiting spontaneous movements. Their first experiments were made to determine the effect of arrest of the respiration. KRAUSE, MAYER, and BASCH have all shown that asphyxia induces movements of the intestines; but it has not hitherto been shown that a similar effect is produced upon the uterus. OSER and SCHLESINGER'S experiments, however, show that in from ten to thirty seconds after suspension of the respiration contractions are perceptible, commencing from the tubæ and cervix, which in a few seconds more extend over the whole uterus. This organ becomes pale, cylindrical, and rigid, and moves downwards and towards the middle line; the cornua raise themselves in an arched manner, and, intercoiling, almost form a ball. The contractions increase in vigour with continued arrest of the respiration for some minutes. In a second set of experiments the effects of compression of the aorta were investigated, and it was ascertained that general contractions of the uterus occurred in a period varying from eighty to one hundred and twenty seconds after. Rapid abstraction of blood from the system generally produced the same effect. It was remarkable also that contraction of the whole uterus resulted in a few seconds from suddenly applied compression of the four cerebral arteries, which showed that the presence of imperfectly arterialised blood in the uterus itself was not a necessary condition for the production of the contractions. KÜSSMAUL and TENNER long ago described a somewhat similar experiment, but gave a different explanation of the phenomena observed. In a pregnant rabbit they exposed and compressed the carotids and vertebrals. Extrusion of the fœtuses occurred, but it was accompanied by convulsions, and they attributed the delivery to these rather than to any contractions of the uterus. MM. OSER and SCHLESINGER further found that, after section of the spinal cord in the cervical region, the contractions of the uterus no longer occurred more rapidly after arrest of the respiration than after compression of the aorta, in each case supervening in about the same space of time — that is to say, in about one hundred seconds. After section of the cord, neither general loss of blood nor arrest of the flow of arterial blood to the brain produced any perceptible contractions. It was ascertained that no motor stimulus is conducted to the uterus from the brain through the vagus or sympathetic nerves, since section of these nerves was without influence on the movements, whether the cord was divided or not. The authors of the paper do not attempt to fix the situation of the centre for the uterine movements, but they point out that their experiments prove that it lies at a higher point than that at which they divided the spinal cord—namely, between the occiput and atlas; and they think it is probable that it occupies some part of the medulla oblongata. At all events, it is unlikely that it is situated in the spinal cord, since the experiments of KÜSSMAUL and TENNER and SCHIFFER show very clearly that the circulation of dyspnœic blood (a term that implies no theory as to whether the phenomena produced are due to the absence of oxygen or the presence of carbonic acid) through the cord is not followed by any symptoms of irritation—as by convulsions, —but by rapid paralysis of the posterior extremities, the

paralysis appearing in the course of a minute or a minute and a half. But in OSER and SCHLESINGER'S experiments the uterine contractions did not occur in any case till after the lapse of a minute; and hence, if it were maintained that they were due to the passage of dyspnœic blood through the cord, it must also be admitted that such blood acts coincidently as a stimulus to one spinal motor centre and as a paralyser to another. It is much more probable that they are due to the passage of such dyspnœic blood through the medulla oblongata. Other considerations lead them to the same conclusion.

THE Executive Committee of the Council met on Thursday, the 11th inst. The Council itself, we believe, is not likely to meet before October. This arrangement will disappoint the profession, inasmuch as it was anticipated that, in accordance with the resolution of the Council at its meeting in March, it would meet in July to consider the conjoint schemes which it was led to expect would be ready for its sanction in July. The real fact, we presume, is that such schemes are not forthcoming. In Scotland especially this is the case. The Scotch bodies have never taken kindly to the conjoint scheme views of the Council. The scheme which they prepared, and which we published a few weeks ago, was clearly inadequate, and has already, we believe, broken down. And we should not be surprised to learn that the Scotch bodies will counsel the abandonment of this search after conjoint schemes and reliance on a system of visitations and examinations. In Ireland things are not much more advanced. The Queen's University stands aloof. In short, it looks now as if a scheme would not be presented either for Scotland or Ireland. Our readers are aware that with respect to the English scheme there is a legal difficulty in regard to the co-operation of the London University and of the Apothecaries' Society. Mr. BRUCE has undertaken to bring in this session a short "Enabling Act" to remove these difficulties. But the Scotch and Irish bodies bar the settlement of this question, or rather that experiment of the conjunction of the present bodies, in which we have never much believed. One thing is clear: things cannot continue as they are. One-sided qualifications and examinations are doomed, and must be discontinued; and it becomes a very serious question what it will be the duty of the Council to do, or to ask the Government to do, when it meets in October.

There is some prospect, we are glad to learn, of the Council being accommodated by the Government with a fit place for its meetings. The President, Dr. ACLAND, and Dr. QUAIN, were appointed a deputation in March last, to wait on the Chancellor of the Exchequer on this subject. Their report to the Executive Committee was satisfactory. Mr. LOWE, after fully acquainting himself with the functions and duties of the Council, had said that he thought it reasonable that the Council should have a place to meet in, and promised that inquiry should be made as to how far and in what manner accommodation could be provided.

SIR WM. FERGUSSON, Bart., will preside at the House Dinner of the Medical Club on Tuesday, July 23rd.

Medical Annotations.

"Ne quid nimis."

THE COLLECE OF SURGEONS.

THE annual balance-sheet of the College of Surgeons of England shows an income of £12,339, and an expenditure of £11,873, exclusive of the trust funds held by the College, the annual income from which amounts to £288. The Preliminary Examination seems to be a profitable part of the College business, for it yielded £788, and only cost in fees to the College of Preceptors, &c., £416. The Professional Examination for the membership yielded £8796, and cost in fees to the Court of Examiners £3392; and that for the Fellowship yielded £431, and cost £345. In addition, the Examiners in Medicine received £157 10s. The College Department cost no less than £2492, of which salaries and wages absorbed £1431; and the Museum cost £2301, of which £1521 went in salaries and wages. The Library cost £358 in salaries and wages, and only £294 in the purchase and binding of books. We congratulate the College on having a balance at its banker's of £2467 at Midsummer, as contrasted with £1878 last year.

A report presented at the last meeting of the Council of the College of Surgeons by the Court of Examiners completes the return commented on in THE LANCET of the 22nd of June, by giving the number of candidates who have passed and the number rejected at the examinations for the membership during the collegiate year 1871–72.

For the Primary or Anatomical Examination, Guy's sent up 117 pupils, with 31·50 rejections, or 1 in 3·71; St. Bartholomew's sent up 73·50, with 11·50, or 1 in 6·39, rejected; University College sent up 72, with 29·50, or 1 in 3·20, rejected; St. Thomas's 56, with 15·50, or 1 in 3·61, rejected; London 31·66, with 13·83, or 1 in 2·28, rejected; King's College 30·50, with 11·50, or 1 in 2·56, rejected; St. George's 27, with 10·50, or 1 in 2·57, rejected; Charing-cross 23, with 12, or 1 in 1·91, rejected; St. Mary's 21, with 6, or 1 in 3·50, rejected; Middlesex 9·83, with 2·83, or 1 in 3·47, rejected; Westminster 6, with 1·50, or 1 in 4, rejected.

In the larger provincial schools the average of rejections is higher than in most of the London schools. Thus of 29 candidates from Leeds, 14, or 1 in 2·07, were rejected; of 27·50 from Manchester, 11·50, or 1 in 2·39, were rejected; of 27·16 from Birmingham, no fewer than 16·83, or 1 in 1·61, were rejected; while at Newcastle, out of 7·50 candidates, 6 were rejected! The Dublin school had 3 rejections among 9 candidates; Belfast, 1 among 6 candidates; and the solitary man from Cork passed triumphantly. Edinburgh had 7 rejections among 19 candidates; Glasgow, 5 among 11 candidates; and Aberdeen appears to have passed a man and a half!

For the Pass or Surgical Examination, Guy's sent up 85 men, with 18·50, or 1 in 4·59, rejected; St. Bartholomew's, with 71 men, had 16, or 1 in 4·43, rejected; University College, with 44 men, had 9, or 1 in 4·88, rejected; King's College, with 27 men, had 8, or 1 in 3·37, rejected; St. Thomas's, with 26·50, had 8, or 1 in 3·31, rejected; London, with 24, had 3, or 1 in 8, rejected; St. Mary's, with 19·50, had 6, or 1 in 3·25, rejected; St. George's, with 16·50, had 3, or 1 in 5·50, rejected; Charing-cross, with 8, had 3, or 1 in 2·66, rejected; Middlesex, with 8, had 1, or 1 in 8, rejected; and Westminster passed all its 4 candidates.

Of the provincial schools, Birmingham, with 23·50 men, had 4, or 1 in 5·87, rejected; Manchester, with 14·50 men, had 5, or 1 in 2·90, rejected; Liverpool, with 7·50, had 1·50, or 1 in 5, rejected; Bristol had half a man plucked, and 6 passed; Newcastle 2 plucks, and 4 passed; Leeds 1 pluck,

and 2 passed; and Cambridge half a pluck, and 1 passed. Dublin had 2 plucked out of 8·50, while Belfast and Cork passed all their candidates—viz., 5·50 from the former, and 1·50 from the latter. Edinburgh again had 3·50 rejected out of 14, while Glasgow and Aberdeen were successful, the former with 4, and the latter with 1·50 candidates.

The tables also give the number of former rejections, and show the following totals for the year:—For the Primary Examination, 649 candidates, 429 passed, 220 rejected—percentage of rejections, 1 in 2·95; 37 candidates once previously rejected, 10 twice, 1 thrice, and 1 four times. For the Pass Examination, 442 candidates, 343 passed, 99 rejected—percentage of rejections, 1 in 4·46; 18 candidates once previously rejected, 2 twice, 1 thrice, and 1 four times.

THE REGISTRATION ACTS AMENDMENT BILL.

THE absence of any allusion to this Bill in the statement made by the Prime Minister on Monday evening relative to the measures which the Government intended to carry this session if possible, may have been inadvertent, but it may also have been caused by a feeling on Mr. Gladstone's part that the Commons would follow the example of the Lords and let the Bill through without question. We trust that this latter possibility may not be realised, for while we approve of so much of the Bill as makes the registration of births compulsory, and prohibits the burial of still-born children without a registrar's warrant, there are other parts of it which stand in need of considerable modification. In the first place the wording of some of the clauses sadly wants amending if clearness and not obscurity is to characterise the law which they embody. Then we object to the clause rendering it penal to register the births of children who are more than a year old. It is surely inconsistent to make a law for securing the registration of all births, and yet, by the same law, to prohibit such registration if from any cause it is deferred for twelve months after birth. No doubt it is desirable that births should be registered as quickly as possible, and it is therefore proper to encourage parents to do this by making registration gratuitous up to a given period; but if those who want to register between six and twelve months can do so by paying a fee, we see no reason why a hard and fast line should be drawn at that point. A grave defect in the existing registration system finds no recognition in the Bill—namely, the want of an adequate inspectorate. There is, in fact, no local machinery which more requires effective supervision than that of birth and death registration, and, practically, none has been less effectively supervised. What can two inspectors do for the whole of England and Wales with 3000 local officers scattered all over the country to inspect? Inspectorates are really popular with Governments whose trump card is economy, but we believe that if this thing were looked into it would be seen that a real economy would accrue from a reorganisation of the registration inspectorate upon an efficient basis. With regard to the certification of the causes of death, we believe with Dr. Rumsey (whose letter we print elsewhere), that any attempt to make this compulsory upon medical men will defeat the purpose it is intended to serve. And under any circumstances the compulsory clause in its present form must be resisted by the profession. The practitioner cannot be compelled to certify "truly" the cause of death; the utmost that he can be called upon to give is the cause of death "to the best of his knowledge and belief" only. Further, the form of certificate should have been scheduled, because the form now supplied to the profession by the Registrar-General is too rigid for use under a system of compulsory certification. We think also that the provision relative to deaths where no medical certificates are forthcoming is unsatisfactory. The representatives of medical opinion in the House of Commons should keep a sharp look out for this Bill, which, coming at the fag end of the session, will probably be brought on in the small hours of the morning, and may, by such means, escape observation until it is too late to amend it.

THE BERMONDSEY WATER-SUPPLY.

IT really seems as though it will soon be imperative, as a matter of public safety, to put in operation against the London water companies the suggestion made four years ago by Mr. Simon, that failure in their obligations to the public should involve "an obvious and unquestionable liability to pay pecuniary damages to persons whom their malfeasance has injured." Nobody can doubt that the deficiency of water which has prevailed in Bermondsey, amounting in many cases to a total deprivation of that necessary of life, must have been injurious to the health of the population there. And what remedy have these people under existing circumstances? Absolutely none of any value to themselves whatever. From official answers in Parliament they in vain try to extract a gleam of hope, while official reports simply tell them what they know too well already. They appeal to the President of the Board of Trade, who in response says that there are no "legal means" which he is not "most anxious to use" to prevent the evils complained of, and that "whatever can be done will be done." The sole outcome of this anxiety seems to be that the Southwark Company is recommended to put up standpipes in the streets, which has been done, and thereby "Peter is robbed to pay Paul with no good result," Dr. Parker, the district medical officer of health, says. Can we wonder that there are public meetings held in Bermondsey about this business, where a local M.P., popular in other respects, gets roughly handled for endeavouring to moderate the strong feeling against the Water Company, and where petitions to the Board of Trade and to the Government are adopted, the former asking for the infliction of penalties under the Water Acts upon the Company, the latter that the water-supply of London should no longer be left in the hands of private companies? It is impossible to acquit the Board of Trade of blame in this matter. Vested by the Act of 1852 with powers of supervision, and with power to direct prosecutions for the enforcement of provisions framed for the protection of the consumers' interests, it was the duty of that department to have exercised a proper prescience in respect of future requirements, and to have taken care that each Company kept well ahead of the claims upon it. Had Mr. Radcliffe's warning in 1869, to which we have previously referred, been promptly heeded, and action taken upon it, we should not now have to learn what Major Bolton tells us in his report on the Bermondsey scarcity (published last week as a Parliamentary paper)—namely, that even when the two storage reservoirs at Nunhead are completed (twelve months hence), the Company's storage "will not be found sufficient to ensure *at all times* a proper supply of good and effectually filtered water to the district." We hope Mr. Kay-Shuttleworth will push this question home in the House of Commons, and that he will be supported by every member, of whatever politics, whose loyalty to public duty is superior to the strong influences which commercial companies are able to bring to bear in that assembly. What we hope for is an expression of feeling in Parliament so powerful as to convince the Government that they must be prepared next session to face the question whether or not the water-supply of the metropolis can, with due regard to the health and convenience of the inhabitants, be any longer entrusted to the companies.

SMALL-POX AND TYPHUS AT NEWCASTLE-ON-TYNE.

A VERY excellent report of the epidemic of small-pox, as experienced at the Hospital for Contagious Fever in Newcastle, has been made by Mr. Henry E. Armstrong, the resident medical officer, bringing out various points of interest in regard to the disease and to the protective power of vaccination. As to the protection of young children, no vaccinated child was presented for treatment under four years of age, whereas 25 unvaccinated children were presented, of whom no less than 14, or more than 50 per cent., died. Eight patients were admitted with second attacks of small-pox. As to the nationality of the patients, it is important to notice that of 61 Irish admitted, 22 only were vaccinated—a fact suggesting that the recent boasting as to the universality of vaccination in Ireland is premature. Mr. Armstrong observes that he had frequent chances of seeing the superior number and character of the vaccination marks in foreign operatives, especially Germans, Prussians, Norwegians, and Swedes. Of these only one died, and most of them were not confined to bed by the disease. Badly-done vaccination is well illustrated by Mr. Armstrong's report, for in 23 persons said to be vaccinated there were no marks, and they died like the unvaccinated, only 12 of the 23 surviving the attack. The following evidence on the subject of revaccination must be given verbatim:—

"*Revaccination.*—One person was admitted who had been revaccinated the day before taking to bed with small-pox, and two persons revaccinated two days before the commencement of their illness; two had been *unsuccessfully vaccinated no less than six times*, but caught small-pox during the epidemic. One was vaccinated *nine days before taking ill*; and one young woman was admitted who had been vaccinated after taking ill, having been twice unsuccessfully operated on when an infant; she died. The foregoing cannot be regarded as cases occurring after proper revaccination, the disease having been introduced into the system before the prophylactic could exert any constitutional influence. There were, however, two cases of alleged successful revaccination—one ten years and the other four years—before the attack of small-pox; both recovered.

"The best proof of the protection afforded by revaccination is shown by the nurses and servants in the hospital. Each was revaccinated by myself before taking duty; and though from repeated changes we had many nurses and domestic servants, not one caught small-pox. On the other hand, shortly after the return of fever, which had been totally absent for several months, three nurses were struck down with typhus within a week, and a fourth fell a victim to the same disease about a month later. Further, although cases were received from nearly every public institution of the town, including the Infirmary, Child's Hospital, Blind Asylum, Lying-in Hospital, the Home at Brandling village, Penitentiary, Gaol, Vagrant ward, Police stations, hotels, factories, schools, ships, and even from the Byker Small-pox Convalescent Home, not one single official or servant connected with the Fever and Small-pox Hospitals has contracted small-pox whilst doing duty during this epidemic. The assistant matron, Miss Smith, sickened with small-pox the day after entering on her duties, probably having caught infection on a visit to the hospital twelve days before her appointment, and prior to being revaccinated. She soon recovered, but has since suffered from a severe attack of typhus, from which she is now convalescent."

The whole number of cases in the twelvemonth was 778, of whom the greater numbers were in June and July, respectively, 130 and 108. Of these 165 died. In the vaccinated 49 out of 514, or 9·53 per cent., died; in the unvaccinated, the deaths were 112 to 264, or 42·4 per cent. Unfortunately no account is given of the sequelæ or of the duration of the cases. Typhus has been endemic in Newcastle for eight years. During the four months, June, July, August, and September, when small-pox raged so virulently, it was absent from the hospital. There were 80 cases in the year, of which 13 were fatal. We need not say that the epidemic of small-pox exceeded anything that has been experienced since Jenner's discovery. If that discovery had been utilised to the full, the general community of Newcastle might have experienced the perfect immunity which was enjoyed by the officials of the Small-pox Hospital.

DR. PETTIGREW ON THE CIRCULATION.

IN his tenth lecture on "The Physiology of the Circulation in Plants, in the Lower Animals, and in Man," Dr. Pettigrew drew a parallel between the circulation of air in the chest and lungs and the circulation of blood in the heart and vessels. He gave it as his opinion that the apparatus by which the air and blood are circulated is essentially the same, both as to its mechanism and movements. He stated that if the element of bone is eliminated from the chest, the direction of the muscles composing the walls thereof correspond exactly with the muscles composing the walls of the heart (especially the ventricles), stomach, bladder, and uterus. Thus the muscles composing the walls of the thorax are disposed spirally, in vertical, slightly oblique, oblique, and transverse lines, and arranged to antagonise each other; precisely similar remarks holding true of the muscles of the hollow viscera, the diaphragm, and the muscles of the extremities. He regards the diaphragm as equal to half a heart, or half of any of the other hollow muscles. This is an entirely new view, and opens up a wide field for investigation. He pointed out that if a cast is taken of the left ventricle of the heart, the cast is of a spiral form. By comparing the cast with the bones of the anterior extremity of the elephant, or the wing of the bird, he showed that the same spiral form reappears. From this it follows that the muscles of the left ventricle are disposed around the ventricular cavity in the same manner that the muscles of the fore limb are disposed around its bones, or the muscles of the chest around the thoracic cavity. The lecturer stated that the muscles of the hollow viscera ought to take precedence of the muscles of the thorax, and that the muscles of the thorax ought to take precedence of the muscles of the extremities; for the obvious reason that the hollow muscles exist before there is a chest proper, the trunk being found without the limbs, which are a further differentiation. The analogy between the chest and heart becomes very obvious if the diaphragm be regarded as a movable partition which separates the chest from the abdomen, as the valves of the heart separate the auricles from the ventricles. When the diaphragm shortens in all its diameters, and flattens, it enlarges the floor of the chest; whereas, when it lengthens in all its diameters, and arches in an upward direction, it diminishes the floor of the chest. The diaphragm ascends when the ribs descend, and *vice versâ*, the ascent of the diaphragm and the descent of the ribs diminishing the capacity of the chest, and increasing that of the abdomen; the descent of the diaphragm, and the ascent of the ribs, increasing the capacity of the chest, and diminishing that of the abdomen. This brings out a very interesting point—viz., that the chest and abdomen open and close alternately, precisely in the same manner as the auricles and ventricles of the heart; the chest opening when the abdomen closes, and *vice versâ*; the chest pumping and sucking air, the heart pumping and sucking blood. When the chest expands and the abdomen closes, a wave of motion passes from the symphysis pubis in the direction of the ensiform cartilage, a reverse wave passing from above downwards when the abdomen expands and the chest closes. The lines representing the movements cross each other figure-of-8 fashion. This is quite an original explanation of those movements.

Hitherto it has been supposed that in inspiration the anterior wall of the chest and abdomen are both pushed outwards, and that in expiration both are drawn inwards. It appears from the explanation given by Dr. Pettigrew that in inspiration the anterior wall of the chest is pushed out and that of the abdomen drawn in, these movements being reversed in expiration. Another point of great interest in the lecture was the explanation given of the circulation and diffusion of the oxygen of the atmosphere and the carbonic acid within the lungs. The chest and lungs supply air in the same way that the heart and bloodvessels supply blood. Once, however, the air is inside the lungs, the ciliated epithelium which lines the air-passages creates an outward and inward current, the strength of these currents being increased by the tendency which the oxygen of the atmosphere has to mingle with the carbonic acid given off by the lungs. There is therefore what may be regarded as a visible and invisible circulation of air, as there is a visible and invisible circulation of blood and other nutritious juices. The lecture was illustrated by a large number of diagrams and models, and by Dr. Pettigrew's famous dissections of the heart.

THE CONTAGIOUS DISEASES ACTS.

THIS subject will have again to come under discussion in the House of Commons. Members of Parliament have meanwhile had time to make themselves acquainted with it, and we venture to hope that they will ratify Sir John Pakington's view of the course adopted by the Government, by rejecting the Bill introduced by Mr. Bruce, which Sir John regarded as the triumph of prejudice and clamour over reason and truth. Whatever Mr. Jacob Bright may say against the Act of 1864, we agree with Sir J. S. Trelawney in thinking it one of the most benevolent that has been passed this century, and with Dr. Brewer, that more good had been done in three years by means of such Acts than had been effected by the united efforts of the religious world in the same direction. The moral and sanitary results obtained at Plymouth and Devonport alone are conspicuous illustrations in point. An excellent pamphlet has just been published on "the Contagious Diseases Acts and the Contagious Diseases Bill" by Anthropos, which is the best shilling's-worth that we have met with for some time. The author carefully discusses the views of the opponents of the Acts, and weighs the evidence adduced by them, dealing with the subject in a clear and judicial way; and, to our minds, he cuts the ground from under the feet of those who have adopted the views and reasoning of Mr. Jacob Bright, Mr. John Stuart Mill, and Mrs. Butler. Anthropos says that if the extraordinary impressionableness of the present Home Office were not so well known, the proposal to substitute such a measure as that brought forward by Mr. Bruce in the face of the Report of the Royal Commission would be simply astounding. The Report did at least recommend a return to the system established by the Act of 1864, with power to extend its operation to other places; but the Bill not only completely ignores the provisions of that Act, but its own provisions are such that it may safely be said that, if enacted without great alteration, it would be almost inoperative.

The opponents of the Acts, who either have lately stumped the provinces with diminished zeal, or have quenched, by the mere force of their silly ribaldry, the desire of provincial newspaper editors to report them, will probably be driven, by the abandonment of all legislation on their favourite subject during the present session, to seek fresh fields for the display of their mendacious fluency. When last heard of they were attempting, with very moderate success, to stir to its depth the public mind of Stepney. The scene of action was the Beaumont Hall, and although those who attended were sufficiently alive to the exigencies of the case to drown with clamour the voice of a defender of the Acts, yet the hall we are told, "was at no time full." Stepney is what we should call sensible, although Mrs. Josephine Butler would doubtless describe it by a less flattering adjective; and it declines for the present to be stimulated into enthusiasm upon this unsavoury subject.

THE SANITARY CONDITION OF NEW YORK.

THE population of the island of New York appears to be in a deplorable condition, and, indeed, if we are to credit accounts that have recently appeared in the columns of the *New York Tribune*, our Transatlantic neighbours manage matters no better than ourselves. And yet they have, or profess to have, a wonderful inspectorial and scientific system of sanitary "institutions." The city possesses a gigantic Board of Health, comprising five sanitary and four police commissioners, two sanitary superintendents, and fifteen inspectors, two registrars of vital statistics, an analytical chemist, and a corresponding array of secretaries and clerks. They publish a large and most carefully compiled annual report (a copy of which we have always received), containing, usually, more than 600 octavo pages of closely printed matter, including temperature charts, coloured engravings of various forms of disease, and statistics innumerable and well arranged. There is, indeed, no public document that so fitly reflects the character and energy of the Americans. But in spite of all, their bills of mortality increase year by year in an undue proportion to the increase of the population. New York is now said to have more human beings to every superficial acre of ground than any other city in the world except Vienna; the death-rate has for some years averaged 29·5 per 1000, and the rate for this year up to the end of the past month indicates more than 35 per 1000. The journal above quoted gives some extraordinary categorical statements as to the crowding, filth, insubordination, and crime that exist in this very insanitary city. It appears that about a fourth of the population—i.e., 250,000 persons—are crowded together in an area of 753 acres, and that this district supplies more than 70 per cent. of the total number of deaths. Any epidemic that visits the city always, of course, takes speedy and deep root in this particular district, and small-pox, typhus, scarlet fever, and typhoid may now be said to be endemic. There appears to be a general idea among scientific men in the city that much of the disease is due to the fact that this quarter is built in a great measure on "made" ground—i.e., ground filled in with rubbish, street-sweepings, and other abominations—which is saturated continually by the tidal waters. Small-pox has now been epidemic in New York for several months; about 300 persons die from this disease every week, and the authorities appear utterly powerless to adopt any effectual measures to prevent the spread of the malady.

There can be no doubt that, in one sense, New York occupies an exceptionally unfortunate position. It is the great gate by which enters, and into which is continually flowing, the vast tide of immigration that has populated the chief part of the New World. It is true that the tide ebbs out on the other side; but it is a curse to New York that so much of the "fine wheat" finds its way at once to the far West, and so much of the "chaff" and the "scum" sticks where it falls. The Emigration Commissioners of New York are both energetic and systematic in their labours, and the sick are separated from the sound before the denizens of any emigrant ship are permitted to land. The quarantine authorities are equally active; but a very general impression prevails among inspectorial authorities,

in the city that quarantine is powerless to keep out epidemic diseases. Be this as it may, we cannot but attribute much of the excessive filth, sickness, and mortality of New York to the fact that this island is the great highway for immigration; and so, as a natural sequence, it would be wise to endeavour to divert if possible some portions of the stream into other channels along the coast. Dilution is the next best thing to eradication of epidemic disease; for, in the case of the New Yorkers, it seems hopeless to talk of prevention.

THE INSOLENCE OF OFFICE.

HAPPILY it is rare for us to meet with illustrations of the "insolence of office" on a parallel with that which seems to have characterised Mr. Ayrton's conduct to Dr. Hooker. It has often been to us a matter of surprise that members have tamely submitted to Mr. Ayrton's growls in the House, and to the curt and studied rudeness of many of his official replies; but he seems to have succeeded in establishing a kind of reputation for that sort of thing. As we are agreed to "let dogs delight to bark and bite, because it is their nature to," so we may suppose honourable members have accustomed themselves to regard it as part of the First Commissioner's nature to render himself disagreeable to everyone. Dr. Hooker possesses a world-wide reputation as a botanist and man of science, and perhaps this may furnish the key to Mr. Ayrton's apparent dislike to him, for, as the *Saturday Review* remarks, when Mr. Ayrton entered his present office he claimed the confidence of Parliament and of the public in his administration on the ground of his utter ignorance of art; and on that principle it is clear that Dr. Hooker is quite unfit to be entrusted with the management of botanical collections! A remonstrance, signed by the representative men of science in this country, has been presented to the Prime Minister, setting forth the story of Mr. Ayrton's dealings with Dr. Hooker. And it was certainly time that an appeal was made unto Cæsar, for if the alleged conduct of the First Commissioner towards Dr. Hooker is henceforward to be a type of the way in which members of a Liberal Government are to treat their subordinates, it is clear that they cannot expect to command the services of gentlemen. These allegations are either true or false, and they call for a searching inquiry on the part of the Government. If true, they show that Dr. Hooker has been treated with systematic discourtesy, to which no one could submit without loss of self-respect. We are glad, therefore, that Earl Derby will direct the attention of the Upper House to the subject.

THE AMOUNT OF CAFFEIN IN COFFEE AND ITS ACTION ON THE BODY.

DR. AUBERT, in an essay contained in the last part (xii.) of Pflüger's *Archiv*, states that though it is well known that coffee-berries and tea-leaves contain the same very poisonous alkaloid, caffein or thein, no researches have been undertaken to show how much caffein is contained in an ordinary cup of coffee. It is also an open question whether the coffee-berries should be lightly or strongly roasted, though it appears that experience has taught mankind the mode of preparation by which the largest quantity of the alkaloid is best extracted. Dr. Aubert has made a series of researches on these points in conjunction with Dr. Haase. Dr. Aubert's mode of determining the amount of caffein present in any given specimen is based upon its great solubility in chloroform, and especially in hot chloroform, whilst most of the other constituents of the berry are insoluble in it. His results show the presence of a larger amount of caffein than that given by most other experimenters, with the exception of Graham, Stenhouse, and Campbell, with whose analyses his own nearly coincide. The quantity he and they obtained is about 8 or 9 per cent. Aubert thinks that a cup of coffee prepared from about one ounce of coffee contains from four to five grains of caffein. His experiments on the effects of various degrees of roasting show that there is little caffein lost even when the coffee-berries are roasted black; in this respect he is in antagonism with Liebig. He obtains from the best Pekoe tea from 2·149 to 2·423 per cent. of caffein, the greater portion of which is extracted by the simple process of infusion.

As regards the physiological action of caffein he coincides with previous experimenters in considering that it causes increased reflex excitability and tetanus, the action resembling that of strychnia. If, however, one sciatic nerve be divided before the poisoning, that limb is not convulsed; hence it acts on the nerve centres. A frog is tetanised by the subcutaneous injection of a quantity not exceeding 0·005 of a gramme. 0·120 of a gramme injected into the jugular of a rabbit tetanises it, and a cat or dog is tetanised by 0·2 of a gramme. It is remarkable that by maintaining artificial respiration for some time the symptoms of tetanus entirely disappear. Its action on the heart of mammals is that it causes acceleration of the beats, with diminution of the blood-pressure; this last effect he attributes to the poison paralysing the ganglionic nerves of the heart.

POISONING AN ARCHBISHOP.

THE Medical Officer of Health for Lambeth has suddenly been placed in a position of no small responsibility. He is called upon by his vestry to stand between the Archbishop of Canterbury and the stinks of Lambeth, and to report upon the means by which His Grace may be preserved from their deleterious influences. Moreover, he has to discharge this duty with the full knowledge that it would be better for the public that he should neglect it; since he is assured by an influential vestryman that there will be no practical amendment of the nuisances in question until the Archbishop and his family have been poisoned. What the vestryman in question means by this is not perfectly clear. Does he believe that Mr. Doulton and other local benefactors desire to kill the Archbishop, and that they will persevere until they have succeeded? or does he only mean that nothing short of some appalling catastrophe will arouse Parliament and the local authorities to take active measures for the preservation of the public health? In the latter case the Archbishop has an opening for a martyrdom even more exalted than that of the Archbishop of Paris; and, by boldly encountering the doom which seems to be prepared for him, he might live in history as the greatest of the long line of prelates by whom his see has been adorned.

LUNACY IN SCOTLAND.

THE fourteenth annual report of the Commissioners in Lunacy for Scotland maintains the high character of the series for carefully compiled statistics, and for combined acuteness and caution of induction. On Jan. 1st, 1871, the number of insane in Scotland, of whom the Commissioners had official cognisance, amounted to 7729, of whom 1360 were maintained from private sources, 6318 by parochial rates, and 51 at the expense of the State. The number of insane poor is constantly increasing — insanity being essentially a disease affecting the less affluent classes. A healthy nervous system gives protection at once against pauperism and insanity, while the opposite condition leads directly to pauperism by destroying the capacity for useful employment. "The tendency," say the Commissioners, "of those whose brains are abnormally constituted, if

without hereditary fortune or friends willing to assist them, is to sink step by step, through the various grades of society, until they reach the final sedimentary deposit of pauper lunacy." The sad phenomenon may be remedied by the existing legislative machinery; but it cannot be removed until the education of the people shall embrace practical instruction in those natural laws on attention to which both bodily and mental health depends. The Commissioners proceed to point out that, it being assumed that the mental activity of the towns is greater than that of the country, this fact explains the more frequent occurrence—occurrence, be it remarked—of insanity among an urban and busy population than among a rural and placid one. Interesting observations succeed on the various special conditions under which insanity originates and intensifies—observations which are of much practical suggestiveness for the Legislature. Supplementary sections on "Dipsomaniacs," "Imbecile Children," and other such like, heighten the value of a report, which has, on every occasion of its issue, possessed the highest interest for the profession.

ENTERIC FEVER IN NORTH DEVON.

THE intimate dependence of enteric fever on excremental nuisance was strikingly shown in South Molton, North Devon, during the autumn of 1870 and the whole of 1871, when, out of a population of 1598, there were ninety seizures, two-thirds of which occurred in the village of Chittlehampton, with its 400 inhabitants. Air, soil, and drinking-water were found by Dr. Home (deputed by the Local Government Board) to be impregnated with decomposing excrement. And why? Because the houses had either no drains or badly-made ones, the outfall for such as existed being the nearest ditch or water-course; because the privies were close to the dwellings, and had cesspits dug into soft shaly rock, permitting their contents to soak into the surrounding soil; because refuse matter was heaped and allowed to rot near the houses; because, in Chittlehampton especially, the cottages or hovels were unfit for human habitation, yet all overcrowded; and, finally, because, close to where the fever broke out, a large, noisome cesspool drained into the roadside channel, which passed within a foot of the spring whence the households obtained their water. The vestry of the parish must no longer neglect the water-supply; it must cause a proper system of public sewerage to be laid down in Chittlehampton village; it must provide adequate privy accommodation; and the board of guardians of South Molton Union must have the parish systematically inspected at intervals, all nuisances abated, and all cases of overcrowding or imperfect house-accommodation rectified. Then, but not till then, shall we cease to learn that enteric fever has been rife throughout the union.

EAST INDIAN EMIGRATION.

THE Act on this subject, to which we referred briefly last week, was passed in the spring of last year, for the purpose of regulating and consolidating the laws relating to the emigration of native labourers. The chief officers appointed under the Act are protectors of emigrants and medical inspectors, one of each being stationed at Calcutta, Madras, and Bombay. The protector of emigrants is expected to make all general arrangements both before and after embarkation; is required, among other general administrative duties, "to inspect on arrival all vessels bringing return emigrants to the port at which he is protector, and to inquire into the treatment received by such emigrants, both during the period of their service in the place to which they emigrated, and also during the voyage." The medical inspector is charged with duties analogous to those of our own emigration officers in English ports, but somewhat more complex, because the percentage of unhealthy applicants is greater, and the accommodation afforded them sometimes requires stricter investigation than in England. The cubic space, hospital arrangements, scale of rations, and quantity of water, are all distinctly set forth exactly in accordance with the recommendations urged in THE LANCET of August 12th, 1871, and there is no doubt that the terms of this Act, if honestly and systematically worked, will greatly assist in diminishing the periodical number of coolie "catastrophes."

THE RATE OF GROWTH OF THE NAILS AS A MEANS OF DIAGNOSING CERTAIN FORMS OF PARALYSIS.

DR. WEIR MITCHELL, in a short paper communicated to the *Philadelphia Medical Times*, states as the result of his observation that the growth of nails is usually retarded more or less in all palsied limbs, whether the palsying cause be spinal, cerebral, or belonging to a nerve trunk. He is not certain that there is any *complete temporary* arrest of nail-growth in spinal or peripheral disease and injury. In cerebral palsies, whether from clot or embolus, there is an *entire* cessation of nail-growth on the palsied side. Usually, when they begin to grow again, it is a sign that the power of movement will also improve within a few days. The rate of growth slowly increases, but it generally requires four or five months for such nails to produce an entire length from matrix to free edge. To study the change he stains the nails of both sides with nitrate of silver or nitric acid, the latter being preferable, as it soaks through the whole thickness of the nail. The process of staining, however, is not essential, except for comparison, because the line of arrested growth is marked by a deep groove, which may be seen for months as it passes down the nail. The palsy need not be complete to cause this arrest of growth. In opposition to the fact that in all sudden cerebral palsies the nails cease to grow, is the fact that in hysterical palsies of one limb or both, whether paraplegic or hemiplegic, the rate of nail-growth is unaltered.

OFFICIAL FOGS.

THE last Annual Report of the Poor-law Commissioners of Ireland, just published, gives us a glaring example of the strange way in which the laws relating to public health are understood and administered.

In May of last year a vessel anchored in Lough Foyle, off Moville, with cases of small-pox on board, and was immediately quarantined by the District Commander of Coast-guards, who refused to allow any person connected with the ship to land. The medical officer of the dispensary district and also the officer of health for Derry, attended the sick on board, the former reporting the circumstances to the Poor-law inspector of the district, and the latter direct to the Commissioners. The Commissioners therefore very naturally desired to know by what authority the coastguard officer had done these things, hinting that a very grave responsibility had been incurred, inasmuch as one of the men had died, &c. Suffice it to say that after fifteen letters (exclusive of enclosures) had been written, it was discovered that the coastguard officer had acted under the Queen's Regulations, but was ignorant of the fact that small-pox is not a quarantine disease, and that he knew nothing whatever of the Sanitary Act of 1866. We commented upon this affair at the time of its occurrence in the spring of last year, and it appears that the official correspondence on the subject extended over a period of seven months, being closed by a letter from the Secretary of the Local Govern-

ment Board at Whitehall, explaining the present condition of the law relative to diseases that occur afloat. When the Public Health Bill becomes an Act, it would be a labour of love, and perhaps of profit, on the part of some distinguished member of the Civil Service to compile a popular digest of all sanitary legal enactments for the use of those of Her Majesty's servants who are concerned in the administration thereof. Mr. Stansfeld indicated in the House on Tuesday last that some such work was engaging official attention in his own department.

ACCOMMODATION OF VISION IN BIRDS.

DR. R. J. LEE, whose most valuable and suggestive paper upon the Eye of the Mole we had the pleasure of noticing in these columns about two years ago, has extended his researches to the organ of sight in birds, and has embodied some of his observations in a paper read before, and lately published in its Proceedings by, the Royal Society.

Most attention is devoted by Dr. Lee to the ciliary muscle and its antagonist, the "posterior elastic ligament," as he assumes the perfection of the sight of birds to depend mainly upon the power of accommodation of their eyes for distance, which power, again, depends upon the state of development of the structures in question. The ciliary muscle, according to his observation, is remarkably developed in birds; in fishes it is absent; while in mammals "it varies directly in proportion to the power of sight possessed by the species," the felines and nocturnal mammals being excepted, in which the muscle is larger, and has a different development.

The most interesting part, however, of the paper to most readers is that in which the author refers to the "homing" of the Antwerp pigeon, his observations entirely squaring with the conclusions of our best authority on pigeons, M. Tegetmeier, that this faculty is solely due to trained habit of "observation," and not to that much misused and vague term which stands in place of sense—namely, "instinct." "These pigeons," remarks Dr. Lee, "require to be trained stage by stage, or they are certain to be lost. The best of them refuse to fly in a fog, or in the dark. They crave in new localities some known landmark, and hence their gradually increasing gyrations, until, having descried some familiar object, they recollect their route, and fly straight ahead." The objection that pigeons cannot see two hundred miles ahead is met by aeronautic experiment, Mr. Glaisher having, half a mile aloft, seen the course of the Thames from the Nore to Richmond; moreover, Dr. Lee well remarks that "for us it is difficult to form a clear conception of the power of sight possessed by birds if we only use our own faculties in this respect as the standard of comparison"; for the mind "must be prepared for the consideration of the phenomena referred to, by observing in detail numerous important differences in the structure of the eye which combine to facilitate a conception of ideas otherwise beyond the reasonable limit to which even imagination might extend."

THE TREATMENT OF DELHI ULCERS.

A LITTLE pamphlet has recently been published in India which embraces some short practical remarks on the nature, diagnosis, and treatment of Delhi ulcers. As our readers are probably aware, this troublesome complaint has been made the subject of much study and observation by Staff Assistant-Surgeon Dr. Fleming, on whom the Indian Government have recently bestowed an honorarium of £50 in recognition of his services and the professional value of his report. Dr. Fleming holds that the Delhi ulcer is a local contagious affection caused by the introduction, and subsequent multiplication in the skin of specific germs or cells (not fungi), which after a period of growth ulcerate. He recommends that strong nitric acid or potassa fusa should be applied as soon as the disease is recognised in the form of small, flat, reddish-brown growths on the skin. The fact of the ulcer showing no tendency to heal from the edges and to produce healthy granulations indicates that the whole of the morbid cellular structure has not been destroyed, and a free application of potassa fusa is recommended. It matters little what local remedies are applied so long as the principle of destruction of the morbid cellular growth be carried out. Dogs are subject to these ulcers, the nose being the part commonly attacked in them. It has been shown that the disease is capable of being produced by inoculation with the cellular substance obtained from a Delhi sore. We believe, however, that there are some points connected with the pathology of this disease which require further investigation. The distribution of the official document drawn up by Drs. Tilbury Fox and Farquhar having put medical officers in possession of those points connected with endemic skin diseases of India on which information is required, we may expect that it will ere long be forthcoming. It may be that the so-called Delhi boil is, after all, only a species of furunculus modified by climatic influences. As has been pointed out in the document already alluded to, there are some facts in favour of the view that the affection is of a constitutional character. Our power to arrest the progress of the affection by its destruction with caustics is not conclusive evidence of its local origin and nature.

THE TITLE OF "DOCTOR."

THE summons against "Dr." Hamilton at Marlborough-street Police-court on Wednesday has again proved abortive, the nominal plaintiff being absent. In some desultory conversation which took place between Mr. Chandler, a surgeon, and the presiding magistrate, Mr. Mansfield, the latter made the astounding statement that any man might call himself a "doctor" without rendering himself legally amenable, just as he might call himself "captain." With all deference to Mr. Mansfield, we opine that he was wrong in making the preceding statement, and when the point at issue shall come to be decided before a higher tribunal, we anticipate a totally different exposition of the law.

A COTTAGE HOSPITAL FOR MANSFIELD.

A GENTLEMAN residing at Mansfield, a manufacturing town in North Notts, with a population of nearly twelve thousand, has announced that an anonymous donor has placed in his hands £100, as a nucleus for the funds necessary to establish a cottage hospital. This announcement has drawn forth some curious conservatism from the local paper, in which a cottage hospital is denounced as superfluous, on the very remarkable ground that there is a general hospital at Nottingham, more than an hour's railway journey away. The writer has unusual ideas of what a cottage hospital should be; for he goes on to state that the real want of the place is a dispensary (obviously meaning a free dispensary), and that this dispensary should have beds to accommodate six or eight patients. In such an institution, he tells his readers, the chemists of the town could dispense pure drugs in succession; and he is very hard upon an existing provident dispensary, in which, from his remarks, we should suppose that principles ordinarily deemed essential are departed from. We trust that the liberal people of Mansfield will not be deterred from establishing a cottage hospital by reasoning that seems to us to show a very remarkable want of knowledge of the question at issue. Mansfield, with its factories and its neighbouring

coal mines, is precisely the sort of locality in which a cottage hospital is most useful to all classes of the community—to the poor, from the obvious benefits it confers—to the rich, on the grounds that we lately set forth in detail.

CONSTANT WATER-SUPPLY.

IT was announced some time ago that the Board of Trade had appointed a committee, with the Duke of Richmond at its head, to arbitrate upon the regulations for introducing the constant-supply system in the metropolis. At the last moment, however, the fatal objection was taken that the Board had no power to delegate its functions in this regard to a committee, under the Water Act of last session, and, consequently, there was a dead-lock in the affair. It is truly characteristic of the manner in which Government Bills are drawn up and passed, that it has absolutely been necessary to hurry a short Bill through Parliament to release the Board of Trade from sitting as a body in arbitration upon the differences between the water companies and the metropolitan authority as to the regulations to be enforced. The Premier, the Lord Chancellor, and the other members of the Cabinet, who, with the President, legally constitute the Board of Trade, are now enabled to depute Lord Methuen, Captain Tyler, and Mr. Rawlinson to do all that is requisite to be done in the matter, and as it has been announced that this committee was to begin its inquiry on the 10th inst., it may be hoped that there will be no more delay.

THE SANITARY CONDITION OF BIRKENHEAD.

WE have before us the report of the Medical Officer of Health for Birkenhead for the past year. The two fatal diseases of 1871—at any rate among the zymotic group—appear to have been measles and whooping-cough. The mortality from the former disease, in particular, far surpassed that of any one of the previous seven years. Among the sanitary events of the year the most satisfactory undoubtedly was the prompt check and final arrest of the small-pox epidemic in Birkenhead. Considering the extent and fatality of this disease in other parts of the country, and the serious results of its former invasions, its arrest on this occasion in Birkenhead affords no mean crucial test of the power of vaccination and revaccination to reduce small-pox from the most dreaded and fatal to one of the least serious of the zymotic class. On the first occurrence of the outbreak in May, 1870, energetic means were at once taken. A strict canvass was instituted in all streets contiguous to the infected locality, and the operation of vaccination and revaccination promptly carried out. In a former epidemic of small-pox, raging from 1863 to 1865, the deaths were in the ratio of 36 per 10,000 inhabitants; in the recent epidemic of 1870–71 the deaths from the same cause at Birkenhead were only 5 per 10,000.

DETRACTORS OF VACCINATION.

THERE is something after all very illogical in our freedom. We have Vaccination Acts which compel parents to have their children vaccinated by registered practitioners. But we allow a set of persons to abuse vaccination and the Vaccination Acts in the most absurd and unreasonable terms in pamphlets, on sign-boards, by all sorts of diagrams and devices that can be imagined. It would be foolish to doubt that the British College of Health in the Euston-road renders a number of silly and misguided people disaffected towards the Vaccination Acts. But nobody thinks of questioning the legality of its misrepresentations. There are surely bounds beyond which the misrepresentation of laws becomes a public evil which should be put down. Freedom does not imply the right of publishing and circulating unmitigated nonsense about the laws of one's country or the medical science of it. And we submit respectfully to the authorities of the Privy Council that some action should be taken to protect laws as persons are protected from unwarranted abuse.

THE CHOLERA.

INTELLIGENCE from Cracow reports the cholera to have crossed the Galician frontier from Podolia, and to be spreading over the border district.

In consequence of the cessation of cholera in Arabia, the Egyptian quarantine regulations have been modified, and the following are now enforced. Ships from the Hedjaz having but few passengers, and with clean bills of health, perform five days' quarantine of observation, the passengers remaining on board; after that time they are admitted to free pratique. Ships with large numbers of passengers have to perform ten days' quarantine, the passengers being required to land.

PLYMOUTH PROVIDENT DISPENSARY.

WE have at different times considered the system of provident dispensaries as a just and honourable system to the profession and the public. If we may judge from what we hear of the success of an institution of that character at Plymouth, the people there seem to be very much of our opinion. The dispensary was established in 1869, with the object and design of enabling the working classes, and such other persons as are unable to pay for medical attendance at the usual charges, to secure, by small periodical prepayments, for themselves and their families, the advantages of medical attendance. The general medical staff comprises all duly qualified medical men residing in Plymouth who may desire to be upon it; and the consulting medical staff is composed of those physicians and surgeons who are willing to meet the members of the general medical staff in consultation when required. The consulting and general staff embrace the names of the leading practitioners of the place. Members of the institution can select their own medical attendant from the general staff.

THE RESIGNATION OF DR. EDE.

DR. EDE has resigned his appointment as medical officer of the Islington Workhouse in consequence of ill-health. He has held this appointment for twenty-seven years, and retires with the respect of the guardians and of the public. The way in which his services have been characterised by the board and by the press must be a source of lasting satisfaction to himself and his family. We cannot doubt that the guardians will give practical proof of their appreciation of Dr. Ede's long and faithful work by passing a motion, of which notice has already been given, to grant Dr. Ede the highest superannuation pension allowed by the recent Act of Parliament. It will become a question how the guardians should act in regard to this appointment in the future. The workhouse has 700 or 800 inmates, and the medical charge of them is a very serious matter that should be well considered before permanent arrangements are made.

A SMALL-POX PATIENT IN A POLICE-CELL.

WE would caution our readers against doing anything that will expose them to be locked up in the Police-station of Pembroke, for the police have managed to get a small-pox patient in there, supposing him to be a lunatic, and all the authorities of Pembroke, after a long discussion about the difficulty, don't seem able to get him out. They think

the Admiralty should provide a small-pox hospital, and that the provision of one would be hard upon the ratepayers. The cheapest thing the authorities can do is to remove this patient as soon as possible to a house or tent where he may be isolated, revaccinate all prisoners and policemen, and disinfect the lock-up. Twenty or fifty pounds will be well spent over this single case in keeping it so.

CUSTOMS AND QUARANTINE.

IN an annotation on cholera that appeared in THE LANCET of the 6th inst., we commented on the total absence of sanitary control at the mouth of the Port of London. In so doing, it was not our intention, and entirely contrary to our inclination, to reflect at all upon the way in which the Customs officers have performed sanitary work. These officers have always discharged the duties entrusted to them by the Privy Council with great zeal and fidelity; yellow fever and plague have always been most rigorously dealt with by them, and any additional orders issued from time to time from head-quarters have been punctually carried out. We may indeed predict that in carrying out the port sanitary operations indicated in Mr. Stansfeld's Bill, much good advice and assistance must be obtained from the medical department of the Customs.

SANITATION AT BOLTON.

SINCE the issue of Dr. Ballard's Report on the Sanitary State of Bolton, the inhabitants of the borough have been seeking to carry out some of the reforms which were shown by the inspection to be necessary. The Sanitary Committee of the Corporation have reported in favour of the appointment of a medical officer of health, at a salary of £300 a year, who should give his whole time to the duties of his office. The adoption of this report was proposed in full council by a medical member of the committee, Mr. Alderman Ferguson, in a very able and lucid speech. An amendment was moved by a Mr. Rushton, and after much discussion was carried. In the report of the proceedings that has reached us, the words of the amendment are not given, but we infer from the speeches in support of it that it was to the effect that a local practitioner should be appointed to the office, and at a smaller salary. The customary arguments were urged on both sides, but the decision seemed really to turn on the immediate saving. Bolton must be a place in which the present sixpence rules supreme over all other considerations.

BATHING IN THE SERPENTINE.

THE London Swimming Club has set up a marquee on the banks of the Serpentine, near Kensington Bridge, for the accommodation of bathers. Persons not members of the club are permitted at a very small charge to use the accommodation thus provided, and are also supplied with as many towels as they may require. We are informed that this great boon to bathers will not be continued unless it is found to pay the expenses of maintaining it; and we trust that all swimmers or bathers who frequent the Serpentine will contribute towards its support.

THE National Health Society held its last meeting for the season on the 11th inst., in the library of the Social Science Association; Sneade Brown, Esq., in the chair. Papers were read by Dr. Frances Morgan on the "Household Water-supply of London," and by Mr. E. Swanwick, giving some facts as to filters. Amongst the speakers who took part in the discussion which followed were Drs. Corfield and Elizabeth Blackwell, and Messrs. Spencer, J. L. Lobley, and J. P. Seddon.

THE medical care of Lauderdale House, the convalescent hospital for St. Bartholomew's, which was inaugurated by the Prince of Wales last week, has been entrusted to Dr. Hyde Forshall, of Highgate, who will act in concert, as occasion may arise, with medical officers of St. Bartholomew's. Two batches of patients have already been transferred from Smithfield to the fresh air and beautiful scenery of the convalescent hospital, and express the highest appreciation of the benefits which Sir Sydney Waterlow's munificence has placed at their disposal.

LAST week Mr. Frank Buckland invited a few gentlemen to witness some experiments with a new vermin asphyxiator, invented by a Mr. Bateson, on the waste ground behind the International Exhibition. The apparatus is extremely simple and portable, and moreover may be used as a fumigator. In this instance its destructive power, when charged with sulphurous gas, was shown by the ease and rapidity with which it destroyed animal and insect life. The fact that Mr. Buckland has associated his name with the invention goes far to prove its usefulness and merits.

THE following resolution was proposed by Mr. Stansfeld in the House of Commons on the 12th inst., and was agreed to:—"That it is expedient to authorise the payment, out of moneys to be provided by Parliament, to the medical officer of the Local Government Board, of such salary as the Treasury may determine, in pursuance of any Act of the present session for amending the law relating to Public Health."

THE Sanitary Committee of Poltava has requested the municipality of that town to take precautionary measures in view of the appearance of cholera. The municipality has declared its complete willingness to be charged with the necessary expenses of those measures, and, in addition, to defray one half the expenses incurred for the treatment of the sick in the hospitals of the town.

HIS Excellency the Governor-General of India has offered a gold medal to the Calcutta Medical College, which is to be awarded to the writer of the best essay on Burdwan fever, its history, and the antiphlogistic measures proper to be adopted.

THE Edinburgh University Court has approved of leave of absence being granted to Dr. Wyville-Thomson, the Professor of Natural History, for the purpose of his taking the scientific direction of a Government circumnavigating expedition.

WE regret to hear of the death of Surgeon-Major Bone, Royal Artillery, whilst serving with his brigade in India. The deceased officer's death was sudden, being caused by aneurism and cardiac disease.

THE water-supply of Dudley appears, from a discussion which lately arose at a meeting of the Town Council, to be of a most unsatisfactory character, and a committee has been appointed to consider the best remedy to be adopted.

IT is high time that the Metropolitan Board of Works should pay some attention to the creek at Hammersmith, which was last week described by a lay journal as "a pestiferous open sewer."

THE mortality last week in London and twenty other large towns was at the rate of 20 deaths annually to every 1000 of the population. In the metropolis the deaths from diarrhœa amounted to 148.

THE Government of India has sanctioned a scheme for a camp of exercise at Bangalore during the next cold season. The camp is not to last beyond a month. The affair is to be carried out inexpensively; and the Viceroy points out that the great object of these camps is the exercise of troops and departments, and that all unnecessary display should be avoided.

THE Chair of Medical Jurisprudence in the University of Glasgow has been conferred on Pierce Adolphus Simpson, M.A. Cantab., M.D. St. And.

WE regret to learn that one of the medical officers of the Portland Convict Establishment was a few days ago severely assaulted and injured by a prisoner.

THE annual entertainment of the inmates of Colney Hatch Lunatic Asylum was held on Tuesday last.

GENERAL SCOTT ON SEWAGE.

A HIGHLY important meeting was held at Stafford House on Wednesday, under the presidency of the Duke of Sutherland, to hear and discuss the plan of treating sewage devised by Major-General H. Y. D. Scott, C.B., and now in operation at Ealing. General Scott treats the sewage with a considerable admixture of lime and clay, which precipitates all the organic and mineral matters held in suspension, and these, together with the precipitant, are then burnt in kilns into a cement to be used for building purposes, and resembling a tenderly burnt Portland cement in its general character. General Scott does not claim to purify the effluent water more completely than is done by any other process; but he claims to convert the noxious and otherwise useless sludge into a marketable product, from which, in large works, some profit may be obtained. The cement made at Ealing fetches 35*s.* per ton, and yields a net profit of 10*s.* 4½*d.* on this sum. General Scott further proposes to add his precipitants to the sewage in town sewers and drains themselves; and he believes that in this way he will be able to prevent almost entirely the formation of sewer-gases. At the meeting he stated the following propositions; and in defence of them quoted largely from statements given in evidence before the Parliamentary Committee on the Birmingham Sewerage Bill, and from observations made in a discussion before the Society of Arts. The propositions were:—

1. Corporations are responsible for sewage nuisance, and must remove it at any cost. Corporations may associate themselves under Sewage Amendment Act, 30 & 31 Vic., c. xiii., s. 15.
2. The sludge must be taken out of sewage water before employing it for irrigation. If the sludge be allowed to deposit on the land, it chokes the pores of the soil and creates an intolerable nuisance.
3. Subsidence and straining without proper chemical precipitation do not efficiently clarify sewage water.
4. When filtration is necessary for the complete purification of sewage, the better clarified the sewage water, the less is the area of ground necessary for the filtering bed. The best clarified sewage is also the best for irrigation.
5. Sludge deposits, whether dried or not, have little or no value as manure. The chief manurial value of sewage passes off with the liquid.
6. General Scott's plan of precipitating with lime, or lime and clay, and the conversion of the deposit into lime or cement by calcination, strongly recommended. General Scott's process stated to be the best, and now carried out at Ealing without any nuisance.
7. The cement produced by General Scott's system a very valuable one.
8. Use of lime also recommended at Birmingham to neutralise the acidity of the sewage, which destroys the joints of the drains.
9. General Scott's system of introducing the chemicals at a distance from the outfall recommended, so as to thoroughly mix them with the sewage, cleanse the drains, and prevent the formation of sewer gases.

In the discussion which took place, Mr. Hawksley, Mr. Michael, Mr. W. Hope, V.C., and Professor Frankland, made observations upon various points, and it was elicited by questions that the burning process created no nuisance, and that the cement might be used without danger. General Scott invited inspection of the works at Ealing, and announced that a pamphlet descriptive of the process might be obtained there. The Duke of Sutherland expressed his hope that the process would soon be tried upon a larger scale, and the meeting separated after votes of thanks had been passed to General Scott and to his Grace.

NEWCASTLE INFIRMARY.

DURING the past three years the Newcastle Infirmary has been undergoing very extensive improvements, Sir William Armstrong having generously placed £2700, the estimated cost of the necessary changes, at the disposal of the Committee for that purpose. A new operating theatre has been provided at the easternmost end of the main corridor, on the level of the ground. It is fitted up in a very complete manner, the architect, Mr. Thomas Oliver, having with this view inspected all the best modern hospitals. The other prominent additions are the washhouse and laundry, which have also been furnished with modern apparatus. The accommodation for the students has been much increased by the erection of new rooms on the east side of the main quadrangle. In addition to the above, convalescent wards for both male and female patients have been secured in suitable situations; the entire culinary department has been rearranged and improved; servants' rooms have been added; and the nurses have a separate set of apartments to themselves. Foul-linen shafts have been added to the larger wards, and a great number of minor improvements have been made throughout the entire establishment, by relieving the pressure upon the various departments by the principal additions and alterations.

The beneficial effect of these alterations has already been felt, and it is hoped and expected that still greater advantages will result.

Correspondence.

"Audi alteram partem."

SCIENTIFIC EVIDENCE IN "RAILWAY CASES."

To the Editor of THE LANCET.

SIR,—I think the whole of the profession will readily endorse the opinion expressed by you in your article of July 13th upon this subject. It is indeed, Sir, "most unedifying to the public to have four medical men flatly contradicting four of equal eminence on the other side," and I think a short history of the case is due from me, if only to show upon what basis "such a painful display of opposing scientific evidence at the trial" was arrived at.

On the 14th of December last I was called in to see Mr. John Biller, the plaintiff, a gentleman who, before the accident, was in perfect health, and a well-known member of the London Athletic Club. I found that a week previously he had sustained a severe concussion of the spine in a railway collision. I prescribed for him, and took charge of the case. He became seriously ill, and I requested his removal to his aunt's house for the purpose of being better nursed than he would be in lodgings.

On the 23rd December I met Dr. Cooper, the Great Western Railway medical attendant, at Mr. Biller's house, and then, and in a letter subsequently, told that gentleman that I should be pleased if he would meet me, when he liked, in the case. On the 24th I met Mr. Erichsen in consultation. We jointly recommended a course of treatment for the patient, which was admirably carried out by his aunt, Mrs. Biller, who has steadily and unremittingly nursed him throughout the entire illness. More alarming

symptoms showed themselves on January 2nd, 1872, and Mr. Young, a gentleman practising in the neighbourhood, was hurriedly summoned in my absence, and we afterwards met in consultation.

On the 4th of January Sir Wm. Fergusson met me in the case, and entirely concurred with the treatment adopted.

From this date to the 21st January the symptoms, although variable, were, on the whole, more favourable, and Mr. Biller wished to be removed to Brighton for change of air. I could not approve of this course, and suggested that Mr. Erichsen should see him again with me. We accordingly met on the 24th, when we found that our patient had been seized in the night with epileptiform fits and violent tetanic convulsions. Mr. Young had been sent for, and had witnessed the attack, which lasted more than two hours. This gentleman met Mr. Erichsen and myself at the consultation, and has kindly seen my patient frequently for me since. Mr. Biller rallied, and although his progress towards improvement was slow, he was well enough to be removed to Brighton, and I accompanied him there on the 4th of March in an invalid carriage. I placed him under the care of my friend, Mr. Richard Rugg, who saw the patient daily until his removal to Worthing, about the middle of April. I may here remark that during his stay at Brighton Mr. Biller was enabled to get about a little on crutches, and went out once in a carriage and wheel chair. At Worthing our patient was still able to move about slowly on his crutches, and progressed favourably to a certain degree; but on the afternoon of April 22nd he was again seized with a similar epileptiform attack of even a more alarming character. Mr. Harris, surgeon, of Worthing, was called in, and continued in attendance until Mr. Biller was removed to London, on May 1st. I myself met Mr. Harris twice in consultation.

Thus it will be seen that this gentleman was visited and professionally attended by five well-known medical men besides myself, including the eminent surgeons, Sir Wm. Fergusson and Professor Erichsen, from the time of the accident to the period of the visit of the five medical witnesses on the part of the railway company. These gentlemen arrived on Tuesday, June 24th, one week before the trial took place, and visited Mr. Biller, in the presence of Mr. Young and myself. The patient, who had not left his bed since the 28th of April, was violently excited, weeping, and almost delirious. He was not able to be examined by either witness, and the entire length of the visit did not exceed fifteen minutes in duration. This was the only opportunity which the medical witnesses of the company had of forming their diagnosis, and upon this one visit they did not hesitate to express their judgment thus hastily and imperfectly arrived at in direct opposition to that of men who had been constantly in attendance upon the case.

Sir Wm. Fergusson, Mr. Erichsen, Mr. Young, and myself met at Mr. Biller's the day after this visit, and unanimously concurred in the opinion we gave in court at the trial.

I am, Sir, your obedient servant,

Kennington-park-road, July 16th, 1872. SAMUEL DAY-GOSS.

CERTIFICATION OF CAUSES OF DEATH.

To the Editor of THE LANCET.

SIR,—In answer to your appeal to your readers for their opinions respecting the compulsory certification of causes of death, proposed in the Bill now before the House of Lords, I beg to repeat the strong objection which I have always felt, and frequently expressed in my publications, to any such compulsion.

The chief value of the certificates at present arises from their being voluntary. An arbitrary system of coercion has doubtless a tendency to impair the testimony of unwilling certifiers, and to "mingle errors among the facts spontaneously supplied by enlightened and accurate observers." If a man is forced to say something the chances are that he may say *anything*.

With reference to the Scotch compulsory system, an eminent member of the Glasgow Medical Association, six years ago, said publicly that "the returns (of causes of mortality) issued from the Registrar-General's office for Scotland were not worth the paper on which they were printed, and that no medical man acquainted with the facts placed the least reliance on them."

Any legal pressure to be put upon the certifier ought to be opposed by the whole profession. I have repeatedly urged that it is the duty of the State to provide a skilled officer of health to make the necessary examination, and give the certificate in every death, *the cause of which, for any reason, may be uncertified.*

I am, Sir, yours, &c.,

Cheltenham, July 15th, 1872. HENRY W. RUMSEY.

To the Editor of THE LANCET.

SIR,—You invite the opinion of the profession upon that clause of the Government Bill for amending the Registration Acts now before the House of Lords, which will make, should it pass, the furnishing of certificates of death by medical men compulsory.

The furnishing of these certificates by medical men is the exercise of their private calling—the means by which they live—and to *compel* them to do this *without remuneration* is manifestly most unjust, and will not, I hope, be allowed to become law without a decided protest from the whole of the profession.

The extremely handsome manner in which the great bulk of the profession has furnished these certificates for years, voluntarily and gratuitously, deserves some better recognition at the hands of the Government than that proposed in the new Bill.

Yours faithfully,

Leeds, July 16th, 1872. PHILIP FOSTER.

To the Editor of THE LANCET.

SIR,—Upon the subject of certificates of death, on which you invite comments from the profession, I would ask your permission to make a few remarks.

I suppose it is granted that some efficient registration of deaths is most desirable, and it is equally evident that no one is so able to certify as the doctor. We are all agreed that the present form of certificate requires modifying. I think it advisable that the certifier should always see the corpse, and that the certificate should also be required for the burial of stillborn infants. The advantages to be gained by insisting upon these points are evident; surely, therefore, if the medical attendant is required to call to see the corpse, and then give a certificate, he should be paid for so doing, and any Bill upon the subject ought to provide for such payment.

I am, Sir, yours faithfully,

JAMES CHEESE, L.R.C.P.L., &c.

Newport, Mon., July 13th, 1872.

ON THE DANGER OF WOUNDS PRODUCED BY GALVANISED IRON IMPLEMENTS.

To the Editor of THE LANCET.

SIR,—Permit me to make a few remarks as to the dangerous consequences which may ensue from a poisoned wound, which appears to be readily produced by a "galvanised iron" implement, and which I think is well illustrated by the following case:—

H. G——, aged fifty years, who, previous to the accident which resulted in his death, had enjoyed good health, received an injury from a "galvanised iron" anchor to the right hand, which, at the time, he considered of so trifling a character, and for a few days gave him so little inconvenience, that it was not till matters assumed a serious aspect that he sought medical advice. I saw him on May 10th and found his right hand and arm most extensively swollen and in a suppurating condition; a few days later an abscess formed in the neighbourhood of the left elbow-joint, the legs showed signs of inflammation, particularly observable on the inner side of the left thigh. Large quantities of pus escaped through incisions made in the arm.

The constitutional symptoms of pyæmia were well marked; the patient, though apparently rallying for a day or two, became rapidly worse, and died on May 27th.

That the above case of "pyæmic poisoning" was attributable to the peculiar nature of the metallic substance producing the injury I think there can be little doubt, for since this case was brought to my notice I have it on good

authority that the dangerous character assumed by wounds produced by "galvanised iron" implements is so well known to sailors that they hesitate to use them.

"Galvanised iron" nails, now so extensively employed, would doubtless produce similar pernicious effects.

I remain, Sir, yours truly,

ALEXANDER K. LONGHURST, M.R.C.S., L.S.A.

Ryde, July 15th, 1872.

PRESCRIBING DRUGGISTS.

To the Editor of THE LANCET.

SIR,—I think Dr. Campbell Black's letter in your last week's issue worthy of serious attention, as the state of things quoted by him is not confined to Glasgow. The abuse of hospitals is an undoubted curse to our profession, but the club system and prescribing druggists are still greater ones. I was locum tenens a short time since for a gentleman, and was simply disgusted. I assure you, Sir, there were farmers renting 100 acres of land getting their medical attendance for 4*s.* per annum; artisans earning 30*s.* and £2 per week the same; and the wives of both classes attended for 1*d.* per week. Both of these classes are able to pay a bill of £6 or £7, and they really get their medical requirements for about as many shillings. The other day I was in one of the principal towns in the Eastern Counties and stepped into a chemist's shop to purchase some small article—its preparation necessitated a quarter of an hour or twenty minutes' stay, and in that brief period I saw the druggist prescribe for three respectably dressed females. He prescribed a twelve-ounce mixture and a box of pills for each of the women, charging them 2*s.* 9*d.* for the mixture and 1*s.* for the pills, each individual. The money was cheerfully paid, and the druggist warmly thanked. These same women would have expected a medical man to give them twelvemonths' credit for the same. We find, again, the local heads of the various friendly societies making £300 or £400 per annum out of the societies, besides following their usual occupations—printers, or what not,—and the poor surgeon nearly worked to death for one-fifth of the amount. Let our examining bodies protect us and strike the name of any surgeon off the Register who compounds with these clubs for less than £2 a head.

I enclose my card, and am, Sir, yours obediently,

July, 1872. MEDICUS.

BIRMINGHAM.

(*From our own Correspondent.*)

THE Town Council of Birmingham at its last meeting unanimously approved the conduct of the Sewage Committee in promoting the Bill before Parliament, and agreed to a petition calling in question the conduct of Sir C. Adderley and the other members who, being pecuniarily interested in the Bill, voted against it, and by a majority of three, composed exclusively of these interested opponents, succeeded in preventing its passing the third reading. Injunctions from the Court of Chancery at the instance of the Gravelly Hill relators (who also opposed the Corporation scheme) and of Sir Charles Adderley have been granted, and shortly the public property of the town will be sequestrated if some alternative device is not suggested to stay the powerful hand of the law.

The Council of Queen's College have proposed to amalgamate the practices of the two larger hospitals of the town for the benefit of their students on the payment of a common fee, and the subject is now under the consideration of the medical committees of the respective hospitals.

Mr. Hayward, medical officer of health of Oldbury, has called the attention of the Local Board to the very defective supply of water to the town; and, acting on his suggestion, they have resolved to prosecute the South Staffordshire Waterworks Company for the non-supply of suitable drinking water.

Dr. Drewry, the newly-appointed medical officer of health for Walsall, makes the startling statement that during the four weeks ending June 29th, 127 deaths have occurred from small-pox; he also shows that but little general sanitary improvement can be expected until the water-supply is improved, and the drainage, which at present seems to be almost utterly neglected, is placed in an efficient state.

In accordance with my promise I proceed this week to give an account of some of the work done at the Queen's, Children's, and Women's Hospitals.

At the Queen's Dr. Heslop has been giving the greater part of the clinical instruction during this summer session, the attention of the students having been chiefly called to the "diagnosis of diseases of the heart," and to "diseases of the nervous system, both functional and organic." One of the illustrative cases used by Dr. Heslop has been a severe case of diphtheritic paralysis in an adult aged forty, gamekeeper of Lord Stamford, who is now convalescent.

Dr. Sawyer has been giving demonstrations of the laryngoscope and ophthalmoscope twice a week. It is very generally regretted that Dr. Fleming is prevented by illness from giving the address in medicine at the forthcoming meeting of the British Medical Association, and also that from the same cause the students of the Queen's Hospital are likely to be deprived of his valuable clinical teaching for some months.

Dr. Johnston has had under treatment a case of large uterine hæmatocele in a married woman, aged twenty-five, the mother of two children. Constant puriform discharge has taken place per vaginam for nine weeks, and the patient has now recovered. He has also cured another female patient, aged twenty-two, in whom menstruation had never occurred, by the use of sea-tangle tents. Menstruation is now regular.

On the surgical side there have been several interesting operations. Mr. West removed, *en masse*, a deep venous nævus as large as an orange, from the nape of the neck of a young man aged twenty-three. Hæmorrhage was arrested by the application of styptic colloid and pressure. The man quickly got well.

Mr. Jordan performed lateral lithotomy on a man aged twenty, removing an oxalic-acid calculus with success. He also amputated at the hip-joint for traumatic gangrene of the thigh, the result of a compound fracture, in a man aged twenty-eight. Death resulted one hour after the operation. A third interesting case in his practice is that of a man aged forty-four, the subject of calcareous degeneration of a bronchocele. Mr. Jordan removed the anterior part of the cyst, and swabbed out the tumour, which was as big as a cocoa-nut, with iodine. The patient is in a fair way of recovery.

The Children's Hospital has received a further handsome present from Dr. Heslop in the form of a suite of elegant oak furniture for the refectory; also a water-colour drawing, "A Beech Glade," from Mr. Henshaw, one of our most talented local artists. The garden in front of the hospital has been tastefully laid out with shrubs and flowers, and all has been done to make it as acceptable to the little sufferers as possible. There have recently been two successful lateral lithotomies under the care of Mr. Bracey and Mr. Elkington. The median operation is not used here, the surgeons being satisfied with the results of the lateral.

At the Women's Hospital two ovariotomies were performed on June 22nd, and both have terminated happily. The écraseur was used in each case to divide the pedicle, and all bleeding vessels were secured with catgut ligatures. The operators were Mr. Lawson Tait and Mr. Bracey.

Birmingham, July 15th, 1872.

IRELAND.

(*From our own Correspondent.*)

THE return of the Registrar-General for Ireland for the first quarter of the year has at length come to hand. The births registered during that period amounted to 41,035, affording an annual ratio of 1 in every 32·9, or 3·04 per cent., of the population; and the deaths to 29,308, being equal to 1 in 46·1, or 2·17 per cent. The registration of births and deaths is most imperfect, and the registration of marriages still more unsatisfactory. Of the zymotic diseases, that which prevailed to the greatest extent was small-pox, no less than 373 deaths having occurred in the quarter. Scarlatina was also very prevalent, and caused 166 deaths;

whilst fever, as might be expected, was not far behind, the mortality amounting to 155. Measles and whooping-cough were epidemic in many localities, especially in those where all sanitary precautions were neglected. The inclemency of the weather proved very fatal to early and advanced life, as shown by the large number of those who fell victims to bronchitis and other chest affections. The rainfall measured 8·176 inches for the quarter.

Mr. Henry Wilson, assistant-surgeon to St. Mark's Ophthalmic Hospital, has been appointed Professor of Ophthalmic and Aural Surgery to the Royal College of Surgeons in Ireland. Dr. Jacob was also a candidate, and had resigned his seat on the Council in order to render himself eligible for the newly appointed place.

Lord Cairns, the Chancellor of the University of Dublin, has decided in the late dispute about the eligibility of Mr. Purser, a Moravian gentleman, to the Fellowship of the College, that inasmuch as he (Mr. Purser) refused to take the usual statutable declaration, he has forfeited his right to it; and as Trinity Monday is the only day a Fellow can be sworn in, the vacant Fellowship cannot be filled up until next year, when the usual competitive examination will take place.

From the Annual Report of the Poor-law Commissioners for Ireland for last year, it appears that the expenses of the dispensary districts during that period amounted to £135,004 16*s.* 11*d.*, that 547,491 dispensary tickets and 193,784 visiting tickets were issued, and 967 certificates given in the case of dangerous lunatics. The number of persons who received out-door relief averaged daily 22,552, exhibiting an increase of 1078 over last return; and workhouse relief 45,338, showing a decrease of 2572 from last year. The total number of deaths in the workhouses during the year was 10,583, of which fever caused 678, and small-pox 462, the whole number of deaths registered from this latter disease in Ireland being 647, in comparison with 32 in the preceding report.

PARIS.

(*From our Special Correspondent.*)

FORTHCOMING SESSION OF THE FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE first session of the new French Association will take place at Bordeaux. M. Wurtz, Dean of the Faculty, and M. Cornu, have gone to the lovely Girondine city to superintend the various preparations for accommodating the Association. The general meeting will take place in the large hall of the Philomathic Society, whilst the sections will gather in various smaller halls provided for the occasion. The system of dividing the work into so many sections will be quite a novelty with the French, and it will be curious to see how they will like it. The local board has already been elected, with M. de Lacolonge, a distinguished artillery officer, for president, and Dr. Azam, Professor at the School of Medicine at Bordeaux, for secretary. Several papers have already been promised, amongst them one from Dr. Broca, one from M. Delaunay, at the Paris Observatory, &c. There is no doubt that it was wise to choose Bordeaux as the first place of meeting—it will contribute greatly to the success of the attempt. Bordeaux is a glorious place for excursions, so famous for eating and drinking, and so near the sea, with its enchanting watering-places of Arcachon, Rujan, St. George, and others. So that if any English *savants* were induced to go down there and witness the first efforts of a sister association, I should say they would not repent it.

THE CONTEMPLATED HOSPITAL AT MENILMONTANT.

The Assistance Publique has decided on building a large hospital, which will really supply a want and afford medical assistance to one of the most densely populated quarters of the town. The projected hospital will be built on the slope of Menilmontant, where the air is very pure and salubrious. It is said that the Assistance Publique, enlightened by the huge amount of criticism and blame which has been brought to their doors on account of the Hôtel Dieu affair, will take care that the Menilmontant Hospital is got up in good sanitary style, and according to the most recent hygienic improvements. Still it will be a large one, to contain 550 beds. The system of isolated pavilions is the one adopted. The wards will be spacious, not intended to contain more than 22 beds. Each ward will have its own separate stairs. There will be five pavilions. All around the first story of the pavilions will run an open gallery where the convalescents will be able to take exercise and breathe fresh air. Quite independent of the pavilions will be a one-storied building to accommodate women in their confinement. Gardens will be provided for the enjoyment of the convalescents. Small-pox patients, it is said, will be sent to a distinct and isolated pavilion—an unheard-of thing heretofore, and something to note and wonder at as an inexpressible blessing for this city. You know that small-pox patients are mixed up indiscriminately with all other kinds of patients in the hospitals here, thus contaminating whole wards.

Things are rather dull here at present. The health of Paris is excellent; only 690 deaths last week. M. Trélat has been appointed Professor of Surgical Pathology at the School of Medicine. Empyema is still being discussed at the Academy of Medicine, and erysipelas at the Society of Surgery; no two orators agreeing on either subject.

Paris, July 16th, 1872.

(*From an occasional Correspondent.*)

GALIGNANI'S HOSPITAL.—THE HERTFORD BRITISH HOSPITAL.

There are at present in Paris two hospitals for the exclusive benefit of the Anglo-Saxon inhabitants: Galignani's Hospital for English and Americans, and "The Hertford British Hospital," lately established by Sir Richard Wallace.

Galignani's Hospital was founded in 1865 by Messrs. Anthony and William Galignani, who gave a munificent sum for the purpose, amounting, I believe, to nearly £20,000. The hospital is situate in the Boulevard Bineau, at Neuilly, in an open, airy, and cheerful situation. When I visited it, it was looking so bright and cheerful, the trees and shrubs in its little garden were so gay in their new summer foliage, and the whole place wore an aspect of such comfort, order, and neatness, that one could hardly believe that twelve months before it had formed a cover for the Versaillaise as they fought their way through Neuilly into Paris, contesting the villas and the gardens one by one.

The hospital contains twenty beds, ten for each sex. It is a simple structure on the pattern of the Siamese twins. The office and the matron's room form the central union of two perfectly symmetrical halves, each containing a staircase and the same number of wards arranged in the same way. The house was designed for its present use, but it resembles a block of two semi-detached villa residences with the porches and the entrance-halls knocked into one. At the rear is the garden, divided down the centre by a partition wall. The arrangements are all very complete, and comprise kitchen, laundry, dispensary, matron's room, officers' room, baths, dead-house, and post-mortem room. There are two medical officers, Dr. Macarthy and Dr. Alfred Markheim, who is well known in connexion with the Red Cross. The lady-superior and matron is Mrs. Mason, otherwise Sister Sophie, who was at Sedan during the war. This lady and the three nurses who are under her are connected with St. John's House, Norfolk-street, Strand. I was much pleased with the general appearance of this little hospital, which is not only a credit to its founders, but should also prove an inestimable benefit to the English and American residents of Paris.

Twenty beds do not, however, offer sufficient hospital accommodation for the large numbers for whose benefit this hospital was erected, and Sir Richard Wallace has nobly stepped forward to amplify the good work commenced by Messrs. Galignani, and has established the "Hertford British Hospital." This institution, which is intended exclusively for British subjects, is temporarily situated in the Route de la Revolte, just outside the fortifications, close to the Porte Maillot, and at no great distance from the Galignani's Hospital. Sir Richard is, we believe, treating for a suitable site on which to build a new hospital, but meanwhile the temporary abode, is an exceedingly convenient and agreeably situate house (formerly the hotel of a wealthy Parisian), over which Sir John Cormack very kindly conducted me. There are twenty-four beds (twelve for each sex), the greater portion of which are generally filled. The surgical cases

are fairly numerous, the hospital being largely patronised by the great numbers of English grooms in Paris, among whom surgical injuries are not uncommon. The hospital is provided with every requisite—bath-rooms, pharmacy, and post-mortem rooms; and I was much struck by the cleanliness and order everywhere observable. The management is entrusted to a committee, consisting of Sir Richard Wallace, the two medical officers (Sir J. Cormack and the Hon. Alan Herbert), and the British Consul. Sir Richard Wallace pays all the expenses, and his purse nobly emulates the never-failing properties of the widow's cruse. Mr. Baillie Cormack is the resident clinical assistant and dispenser. All the details of management are entrusted to the medical officers, who have also absolute power in the matter of the admission and dismissal of patients. Out-patients are seen twice a week.

BERLIN.

(From a Correspondent.)

IT may perhaps not be altogether uninteresting to give the impression created by La Charité as a hospital in these days of "the hospital question." It is pleasantly situated on the verge of the city, and points west, with a pleasant and agreeable look-out. It is built rather in the form of three sides of a hollow square than of a body with wings, and contains within this imperfect square a pleasant space well filled with trees, which forms a cheerful out-door resort for such patients as are sufficiently well to take advantage of it. To the north, across another planted space, is the pathological institute of Virchow, much too small for present requirements, and much in need of additions shortly to be made. Further on, at the end of an agreeable promenade, is the new and surgical part of the hospital, a much more recent erection than the medical part, or old La Charité. Space will confine these remarks to the old hospital, which has points of resemblance to the Vienna Krankenhaus, though it is both smaller than and superior to that famous hospital. The building consists of a ward and a corridor in thickness. Along this corridor are three wards separated by a space which serves a double function; on the window side are two nurses' beds, and on the dark side, to the corridor, a small kitchen, where small cooking, such as warming beef-tea, heating a little of anything at night, &c., can be done. Double doors connect this interspace with the ward on each side, and allow of a free circulation of air, and possibly sometimes something else, from one ward to another. The whole place is beautifully clean, the floors being bright and polished. The wards are very sweet and fresh, except when the patients have been tampering with the ventilation, which they unfortunately can. The ventilation is even better than at Vienna, and in both the excellence is due to the possibility of free ventilation without draught, in consequence of double windows. In Vienna, a pane of the upper part of the window is sloped outwards, and opposite, not to it, but its fellow, is a metal rose, double, and admitting of being opened or shut as occasion requires. In Berlin, in place of a pane, is fine wire-gauze, and opposite to it a pane of glass cut into sections, which can be opened and closed like the laths of a Venetian blind. In addition, at each end of the ward is a ventilator, not in the roof, but near it, and an open chimney from the gaslight, while in the doors opening into the corridor are holes an inch in diameter, some six in number. There is not any draught, and the air is quite fresh in a morning, while the patients are quite comfortable at night, though now they have not the stoves lighted in the wards. The blinds of the windows are not hung close to the glass, but on the inside wall, and hang over the window space some two inches away from the wall; this seems a good point. The beds are some eighteen inches away from the wall, the wards being sufficiently wide to still admit a liberally wide passage after a chair on each side has been added to the length of the bed. The beds are of iron, with cord and sacking; those in Vienna were of wood. The beds are somewhat numerous, but not objectionably so, and between each is a small table on which the patient has his medicine bottle, spittoon, &c. There are no boxes or holes in the walls where patients can stow away rags, crusts, and other litter, as they too often do where these boxes &c. exist. There are no night-chairs; when the patient is in bed the nurse brings him a bed-pan, when, if he can walk, he goes to a wooden wardrobe, apparently, in which is a watercloset. In front of it is the large coppered bath. There may be some objections to this plan of arranging the wards, but they certainly make a most favourable impression on the visitor. As in Vienna, they mix up their fever patients with the others, and at present have many cases of relapsing fever. These cases are treated by Professor Traube symptomatically, and he does not use the cold bath plan of treatment. His treatment is, like his diagnosis, careful and first-rate; there is none of the Viennese nihilism about his practice; and for myself I should infinitely prefer as a patient La Charité to the Vienna Krankenhaus. Traube does not use ice poultices in pericarditis, but has bags of ice applied to the abdomen in the tympanites of typhoid fever. He also uses local depletion by leeches or cupping, and in many patients can be seen the scars of old cupping. Wet and dry cupping are also combined occasionally. As regards medicine, either for student or patient, Berlin is incomparably superior to Vienna, and it will take strenuous efforts on the part of Bamburger not only to prevent Vienna losing her pre-eminence in medicine, but even to enable her to maintain a respectable position. Berlin has been charged with exclusiveness, but in appreciation of work done in other countries, in readiness to admit strangers and show them anything, in the absence of intense self-satisfaction combined with fear and jealousy of strangers, it is much superior, in medicine at least, to Vienna.

The Spree is the river of Berlin, and a dark-looking Stygian stream it is, excelling even the Aire below Leeds. Some idea may be formed of this water from the following incident. Passing over it by the Marshal Brücke one day, I saw a commotion. A small Prussian had fallen in, and was drowning; at least, would have been drowning had he been unfortunate enough to be in most rivers. But instead of drowning, he floated on the surface like a cork, his face looking a little red, and his limbs doing a little splashing. He lay so until a boat came and picked him up. As to drowning, he might as well have been in the Dead Sea. It is a matter of fact that there are little fishes in this river, but how they contrive to keep themselves under water is entirely unknown.

Parliamentary Intelligence.

HOUSE OF COMMONS.

JULY 16TH.

THE PUBLIC HEALTH BILL.

SIR M. LOPES, who canvassed its provisions in much detail, complained that the initiative in taxation was transferred from the taxpayers to the Local Government Board, and that the sanitary expenses would be increased to an unknown extent. Though he admitted that the facilities for obtaining loans for improvements were a boon, these would be of more service to towns than to rural districts. But sanitary improvement was a national matter, and the whole expense of it ought not to fall on local funds. This, however, he limited to the common charges—Medical Officers, &c.—admitting that sewage and water were strictly local matters. The question ought not to have been mooted until the previous controversy about local taxation had been settled. On the whole, however, though he would have preferred a wider measure, he acquiesced in the Bill going on, and refrained from proposing an amendment of which he had given notice.

Mr. PELL likewise thought that the Government might have gone further with their concession, but such as it was he accepted it as a reason for not opposing the measure.

Mr. VERNON HARCOURT, speaking on behalf of borough authorities, declared that they would prefer to pay for their own officers, and be free from central control, and called on Mr. Stansfeld to declare that he would not interfere perpetually with local control.

Lord R. MONTAGU regarded the Bill as an obstacle to a comprehensive measure of sanitary reform, and criticised specially the provisions relating to the local authority. The Town Councils were generally composed of men who broke

the law by polluting the rivers, and guardians had no other object but to keep down the rates. He was in favour of an intermediate central authority to control the Local Boards, and to act as a "buffer" between them and the State.

Mr. GOURLEY supported the Bill; while Sir L. PALK predicted that county members would hereafter have cause to regret that they had closed with Mr. Stansfeld's offer.

Mr. HIBBERT gave some explanations as to the Acts dealt with by the Bill, and argued that it would cause no real increase of cost, but would only transfer the expenditure from the curative to the preventive stage.

Colonel BARTTELOT attributed the difficulty Mr. Stansfeld found in getting on with the Bill to Mr. Gladstone's mismanagement, which had prevented a full and fair discussion on the second reading.

Mr. STANSFELD defended generally the course he had taken with regard to the Bill, and particularly his selection of the local authorities. He repudiated any desire to override the local authorities, and said that there was no intention of creating a great medical hierarchy, though he pointed out that the assistance of the medical profession was indispensable.

Mr. DISRAELI remarked that the question now was, not whether the Government could have passed a more complete and comprehensive measure if they had given their minds to it at the beginning of the session, but whether this Bill would make the sanitary legislation of the country more efficient. No candid mind could doubt this, and as Mr. Stansfeld's reasonable concession had removed the financial objections to the measure, he advised the House to pass it at once as a preparatory step.

Mr. NEWDEGATE and Mr. READ spoke against the Bill, and Mr. HENLEY expressed a decided opinion that the ratepayers would not thank the House for what it was about, and that the Bill would hang up and stop all sanitary improvements until next year. The House then went into Committee, but the Committee immediately adjourned until Thursday.

Obituary.

J. L. BULLOCK, M.R.C.S.

THE accidents peculiar to the tourist season have already set in with more than customary frequency, one victim being Mr. James Lawrence Bullock, the resident medical officer to the East London Children's Hospital. Early in July, this promising young surgeon was sailing with his brother, Mr. R. G. Bullock, of St. Leonard's, and a friend, on Lake Neufchâtel, when the apparent calm was suddenly broken by a squall, and the boat capsized. All three gentlemen were drowned, and their bodies have not yet been recovered. Mr. J. L. Bullock was the son of the late Mr. J. B. Bullock, of Great Berkhamstead, and after a successful course of professional study at the University College, took in 1871 the diploma of the Royal College of Surgeons. Very shortly thereafter he received the appointment which he held at the time of his death. Rarely has the profession sustained a severer loss in the person of one so young and so generally esteemed.

CHARLES TRUSTRAM, M.R.C.S.

THE sudden and unexpected death from angina pectoris of Mr. Trustram, of Tunbridge Wells, caused great grief to his family and to many of his patients and friends, as well as to his fellow-townsmen generally. Chas. Trustram was born at Shillington, in Bedfordshire, February 6th, 1809, the eleventh child of a family of sixteen, and his family, who had long been resident in Bedfordshire, were at that time living at the Parsonage House, and holding the Rectory Farm of Shillington. After being educated at schools in the neighbourhood, he was apprenticed to Mr. Hicks, of Baldock, in Hertfordshire, a well-known surgeon in that locality, with whom he remained five years, and from whom he received many marks of compliment and approval. After this, he entered in 1829 at St. Thomas's Hospital, and attended lectures also at Guy's Hospital, and during part of that time he was dresser to Sir Astley Cooper. In 1832 he commenced practice at Tunbridge Wells, and in July, 1833, he married one of the two only daughters of the late John Prince, Esq., formerly of Emmanuel College, Cambridge, who was then cornet of the old Yeomanry Troop, and also the leading surgeon among the fashionable society which resorted to Tunbridge Wells in the days of Beau Nash. Very shortly after he settled in practice at Tunbridge Wells, Mr. Trustram succeeded in restoring the use of her arm to a young lady, a member of one of the county families of Cornwall, who had previously been under the care of several leading surgeons of the day, and the father of the lady handed Mr. Trustram a cheque for 100 guineas. As a surgeon his opinion and skilful treatment were much sought after and highly valued, and his services were largely and gratuitously bestowed upon the poor, whose ailments and wants ever received at his hands much kind treatment and consideration. Mr. Trustram was a widower, his wife having died about fifteen months since. He leaves a son and three daughters to deplore his loss.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on Tuesday and Wednesday last:—

J. Lawrence and W. W. J. O'Reilly, Belfast; W. M. Prees, Glasgow; J. Perkins, St. Mary's Hospital; C. Stephens, Liverpool; G. A. Humerton, St. Thomas's Hospital; E. A Jones, Bristol; J. P. Hentsch, Westminster and St. Thomas's Hospitals; T. P. Greenwood, A. Hullard, J. A. Kempe, G. L. L. Hawker, and E. M. Swanwich, University College; R. S. Jones and A. Jenkins, Dublin; R. M. Craven, Liverpool, University College, and Edinburgh; A. A. Jackson, Birmingham; F. C. Tayler, Westminster Hospital; R. Mears, R. J. Lepper, and R. M. Gunn, Edinburgh; H. A. Hallett, Aberdeen; H. Casson, Hull and University College; T. M. Hovell, London Hospital; E. T. Evans, St. Bartholomew's Hospital; A. J. Ockenden, Guy's Hospital; H. Rogers, W. S. Simpson, F. R. Carter, and E. Houlbrook, Leeds; H. D. Farnell, P. J. Thomson, J. Strong, and S. G. Betty, University College; J. W. Orr, St. George's Hospital; H. Blanch, M. L. Clift, and G. Hastings, St. Bartholomew's Hospital; G. S. Lewis, F. W. Saberton, P. O. Jones, W. M. Jones, J. J. Newman, and Morgan Lloyd, Guy's Hospital; H. Smalley, King's College; C. E. Gosling, Birmingham; A. T. Wear, Newcastle-upon-Tyne and St. Bartholomew's Hospital; J. B. Hutchinson and J. Marmon, Liverpool; W. R. Cumming, St. Mary's Hospital.

The result of the examination in arts, &c., held on the 18th, 19th, and 20th ultimo, for the diploma of Fellow or Member of the College of Surgeons, will be made known to each candidate this week.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—

Barber, Oliver, Sheffield.
Forder, Joshua Lewis Wm., Mauritius, E.I.
Low, Robert Bruce, Edinburgh.
Reid, Frank, Torrington-square.
Riley, Francis Leigh, Sydney, N.S.W.
Sculthorpe, Alfred Milward, Tamworth.

As Assistant in Compounding and Dispensing Medicines:—

Baynes, James, Hull.

On the same day the following gentlemen passed their First Professional Examination:—

Samuel Bingham and Russell Main Talbot, Guy's Hospital; Richard Jelley, University College; William V. Lindsay, St. Mary's Hospital; Rees Ralph Llewellyn, London Hospital.

COLLEGE OF PHYSICIANS, IRELAND. — At examinations held on the 8th, 9th, 10th, and 11th of July, the following gentlemen obtained the licence in Medicine and Midwifery:—

MEDICINE. — Samuel Brereton, Walter Charles Skardon Burney, Robert Fair Fraser, John Armstrong Irvine, Ayres Moore, Joseph John Nolan, Terence O'Brien, John Baker Reid, Richard Edm. Ross, Henry Plunkett Esmonde-White.

MIDWIFERY. — Samuel Brereton, Hugh Doherty, John Armstrong Irvine, Elias William Kerr, Ayres Moore, John Baker Reid, Henry Plunkett Esmonde-White.

SMALL-POX is reported to be still prevalent in St. Petersburg.

TESTIMONIAL. — The friends and patients of Dr. Edward Malins, on the occasion of his removal to Birmingham from Cradley Heath, presented him with a silver service, consisting of a salver, claret-jug, and three goblets, as a mark of their estimation of his skill and the services rendered by him during his residence in the district.

THE EXCESSIVE HEAT IN INDIA.—The advices from India are still full of complaints of the extraordinarily high temperature. In Bombay, on the 9th and 10th ult., the thermometer stood at 90° in the early morning (5 A.M.), and sleep was rendered almost impossible. The drought, also, was causing great distress, and cattle were said to be dying by hundreds in the Berars. Many deaths from sunstroke had taken place at Secunderabad.

THE Vestry of St. Marylebone had under their consideration on Thursday a proposition of Mr. Boulnois to raise the salary of Dr. Whitmore, medical officer of the parish, from £400 to £500 per annum. The mover contrasted the services now required of medical officers, under recent legislation, with those enacted in former years, and urged the improved sanitary state of the parish and decreased death-rate as proofs of the ability with which those duties had been performed in Marylebone. Dr. Richardson, as a pioneer in sanitary reform, bore testimony to the manner in which Dr. Whitmore had filled the post of medical officer, and considered that no man more thoroughly represented sanitary science. The resolution was carried by an overwhelming majority.

Medical Appointments.

CLARKE, Dr. J. L., F.R.S., has been appointed one of the Physicians to the Infirmary for Epilepsy and Paralysis, Portland-terrace, Regent's-park.

GAILEY, E., L.R.C.P.Ed., L.R.C.S.Ed., has been elected Medical Officer and Public Vaccinator for the Leekfrith District of the Leek Union, Staffordshire, vice R. Cooper, L.K.Q.C.P.I., M.R.C.S.E., deceased.

GEE, S. J., M.D., has been appointed Lecturer on Pathology and Morbid Anatomy at St. Bartholomew's Medical School.

LEE, W. E., M.R.C.S.E., has been appointed Medical Officer to the Fulham Friendly Society, and to the Butchers' Charitable Institution, at Walham-green.

LONGWORTH, P., M.D., has been appointed Medical Officer for the Moate Dispensary District of the Athlone Union, vice George C. Mathews, L.R.C.P.Ed., L.R.C.S.I., resigned.

M'CALMAN, R. G., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for Glenelg, Inverness-shire, vice H. M'Calman, M.B., C.M., appointed to Eddrachillis and Durness.

MCRAE, A. E., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Penicuik, and Medical Officer of Health for the Burgh Commissioners, vice T. J. F. Messer, M.D., resigned.

MAYNE, R. F., L.R.C.P.Ed., M.R.C.S.E., has been reappointed Medical Officer for Districts Nos. 3 B, 10, and 11 of the Honiton Union.

MILLNER, E., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Rainford District of the Prescot Union, Lancashire, vice C. M. Deane, M.D., M.R.C.S.E., L.M., resigned.

MORTON, T. H., M.R.C.S.E., L.M., has been appointed Demonstrator of Anatomy at the School of Medicine, Sheffield.

O'KEEFFE, Mr. C. (Assistant-Chemist, Queen's College, Cork), has been appointed Public Analyst for the City of Cork.

O'MEARA, F. A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for District No. 3 B of the Honiton Union.

PARKER, R. W., M.R.C.S.E., has been appointed House-Surgeon to the Hospital for Sick Children, Great Ormond-street, vice F. Beach, M.R.C.S.E., appointed Medical Registrar.

SAVAGE, G. H., M.D., L.R.C.P.L., has been appointed Assistant Medical Officer to the Bethlehem Royal Hospital for Lunatics, vice H. Rayner, M.D., appointed Medical Superintendent of the Male Department of the Middlesex Lunatic Asylum, Hanwell.

SHEPHERD, A. B., M.B., has been appointed Assistant-Physician to St. Mary's Hospital.

SHEPPARD, W. G., M.R.C.S.E., L.M., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Alton Union, vice C. Hammond, L.R.C.P.L., M.R.C.S.E., resigned.

SMITH, R. T., M.B., M.R.C.S.E., has been appointed a Physician to the St. Pancras and Northern Dispensary, vice Salt, resigned.

SUTHERLAND, A., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parishes of Alness, Rosskeen, and Kilmuir Easter, Ross-shire, vice A. Taylor, M.B., C.M., resigned.

WILTSHIRE, A., M.D., has been appointed Assistant Obstetric Physician to St. Mary's Hospital.

WOODS, W., L.K.Q.C.P.I., L.R.C.P.Ed., L.R.C.S.Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Monaghan Dispensary District of the Monaghan Union, vice W. Temple, M.D., deceased.

Births, Marriages, and Deaths.

BIRTHS.

APPLEYARD.—On the 25th of March, at Longford, Tasmania, the wife of James Appleyard, J.P., M.R.C.S.E., L.S.A.L., of a son.

BOWMAN.—On the 11th inst., at Park-terrace, Sunderland, the wife of H. O. Bowman, M.D., of a daughter.

BUTLER.—On the 10th inst., at Guildford, the wife of T. M. Butler, M.R.C.S.E., of a daughter.

GOODING.—On the 12th inst., at Heath Lodge, Blackheath, the wife of Ralph Gooding, B.A., M.D., of a son.

JONES.—On the 16th inst., at St. Thomas-street, Southwark, the wife of Sydney Jones, M.B., F.R.C.S.E., of a daughter.

KNIGHT.—On the 10th inst., at Shorleycroft, Keswick, the wife of A. A. H. Knight, M.D., of a daughter.

TAYLOR.—On the 16th inst., at Queen-street, Scarborough, the wife of John Wm. Taylor, M.D., of a daughter.

VERITY.—On the 6th ult., at Garndiffaith, near Pontypool, the wife of A. Robert Verity, M.R.C.S.E., of a son.

MARRIAGES.

ANDREWS—WEALL.—On the 13th inst., at St. Stephen's, Hampstead, James Andrews, M.D., of Camden-road, to Margaret, daughter of Benjamin Weall, Esq.

DOAKE—ROWE.—On the 11th inst., at St. Columb's Cathedral, Londonderry, Samuel Doake, A.M., M.D., Army Medical Staff, eldest son of Samuel Doake, Esq., of Glen Lagan, Co. Down, to Fanny Elizabeth, eldest daughter of the late John Henry Rowe, Esq., of Londonderry.

TREZISE—THOMAS.—On the 17th inst., at the Parish Church, St. Just, in Penwith, Cornwall, W. R. Trezise, Surgeon, of Trewellard House, to Ellen, fourth daughter of the late Henry Grylls Thomas, Esq., of Lafrowde House.

DEATHS.

BARRETT.—On the 13th inst., at Dingle-hill, Liverpool (suddenly, of heart disease), B. Barrett, M.D.

CALTHROP.—On the 14th inst., at Withern, Lincolnshire (of asthma and heart disease), Wm. Chas. Calthrop, M.R.C.S.E., L.S.A., in his 53rd year.

O'REILLY.—On the 1st inst., Philip O'Reilly, M.D., aged 86.

PUNCH.—On the 12th inst., at Camden-place, Cork, John G. Punch, L.K.Q.C.P.I., of Blarney, Co. Cork.

PYLE.—On the 10th inst., John Pyle, F.R.C.S.E., of Oxford-terrace, Hyde-park, aged 68.

SCOTT.—On the 1st ult., at Falmouth, Jamaica, Wm. Scott, M.D.

STEDMAN.—On the 12th inst., at Brook House, Godalming, Charles Edmund Marshall, eldest son of John Buck Stedman, F.R.C.S., an Undergraduate of London University, and a Student of Guy's Hospital, aged 22.

SYMES.—On the 3rd inst., H. Symes, M.R.C.S.E., of Bridgwater, aged 54.

WEST.—On the 11th inst., at Stanley-terrace, Upper Holloway, London, Mary West, widow of the late Philip Hatchell West, Assistant-Surgeon Madras Army. Friends, please accept of this intimation.

WILLIAMS.—On the 6th inst., at Tymelyn, Llangeitho, D. T. Williams, M.R.C.S.E., of Reynoldston, Gower, aged 31.

Medical Diary of the Week.

Monday, July 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, July 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, July 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, July 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Annual Meeting and Election of Officers.—Presidential Address, by Dr. L. S. Beale.

Saturday, July 27.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

TYPHOID FEVER AMONG THE NATIVES OF INDIA.

THE native races of India would appear to be little susceptible to attacks of typhoid fever, if we may rely upon the medical statistics of that country. Dr. Bryden, for example, made the remarkable statement that he knew of no record of a single death attributed to typhoid in the native army which was not open to question; and out of 21,246 deaths among the gaol population, recorded between 1859 and 1870, he considered that there were no instances of typhoid that were thoroughly trustworthy. Lately Dr. Lyons, assistant-surgeon of the Bengal medical service, has, however, declared that no such "race distinction" exists; but that at Fort William, where there is a mixed population of Europeans, Eurasians, and natives, they are all pretty equally liable to contract typhoid fever. Dr. Lyons, in a late number of the *Indian Medical Gazette*, details some cases of this fever that occurred among the native races; and Dr. Cleghorn has also described some undoubted examples of the disease among the occupants of Jounpore Gaol, in which the thermometrical observations during life, and the post-mortem appearances in a fatal case, were perfectly characteristic. Dr. Cleghorn very properly insists on the importance of the thermometer as an aid to correct diagnosis. The eruption cannot be relied upon for diagnosis in India, and the frequency of bowel complaints and febrile affections in that climate renders such symptoms of less importance than in this country.

An Old Subscriber.—Our correspondent's paper is under consideration.

LOCAL TAXATION, AND WHAT WE GET FOR IT.

To the Editor of THE LANCET.

SIR,—From an abstract laid upon the table of the House of Commons a short time ago by the Local Government Board, it appears that a sum of £27,955,735 has been collected in England and Wales under the head of Local Rates for the year 1870, and that the actual expenditure for that period has been £27,314,765. The greater portion of this large sum has been collected under the head of Poor Rates. Besides this amount, many Boards of Guardians have obtained on loan nearly £50,000,000, which must be repaid by ratepayers by annual instalments. The increase of local rates for the last twenty years has risen from £8,101,000 to upwards of £27,953,000 in 1870. Are, therefore, our infirm paupers better cared for now than in former times? is a question worth solving.

Centralisation having become the fashion of late, our Local Government Board ordered a union of parishes, thereby incurring much extra expense in providing new workhouses, &c. To one of those unions—viz., the Strand Union—I wish to call your attention. Two years ago this Local Board sanctioned the erection of a new workhouse at Edmonton, at a cost of £80,000 or £70,000, with a bill still due of £7000 or £8000. To the architectural features of this building, or the way the work has been executed, it is not my purpose at present to refer, but to call attention to the first requisites of health for a large community of sick and infirm people necessarily confined to a limited area—viz., a good supply of pure water and proper sewers. A well on the Artesian system has been sunk at this establishment, and water found; but so badly has the work been executed, both of the expanded portion of this well and the sewers, which are carried within eighteen inches of the sides of the well, that not only surface drainage from the soil, but also the water from the sewers, freely percolates into this well, and has so polluted it that for months it has been unfit for domestic purposes. This fact has been proved by an inspection of the well, when the dripping of sewage water was clearly seen by a committee of the guardians, who weekly go down to this retreat ostensibly to inspect the working of the establishment, and also to partake of a good banquet provided at the ratepayers' expense. Let us hope that they duly qualify this water before using it, and that as yet they have suffered no other inconvenience after their day's excursion than what usually attends free indulgence in the good things of the table.

The late hot weather has told its usual tale in such cases; for I learn that the master, matron, and several of the officials have been attacked with dysenteric diarrhœa, sickness of stomach, and low fever. What may we expect if the unfortunate inmates are similarly attacked, or a worse epidemic breaks out, as they are still using the water from this well, nothing having been done to remedy this fearful state of things. Perhaps, Sir, a visit from your sanitary officer, who has rendered such good services in the cause of science and humanity by his visit to Londesborough Lodge and Sandringham, may also here be equally efficacious in the cause of the suffering poor, "who cannot help themselves," by stirring up the powers that be to promptly find a remedy for this sad state of affairs.

With your permission, at some future time I may have a few words more to say upon this subject.—Your obedient servant,

July, 1872. A RATEPAYER TO THE STRAND UNION.

An Indignant One will find the remonstrance presented to the First Lord of the Treasury on behalf of Dr. Hooker published *in extenso* in the columns of our excellent contemporary *Nature* of the 11th inst. Altogether it forms a document worthy of study, and our correspondent will perceive that we have directed attention to the subject elsewhere.

ERYTHROXYLON COCA.

To the Editor of THE LANCET.

SIR,—I read in your journal of July 6th a note, signed Richard Verity, on the above subject. Would your correspondent or yourself kindly inform me where it can be obtained, and how best to use it?

Your obedient servant,

July, 1872. ISHMAEL.

BOSH BUTTER.

FAITH in eating is certainly as needful now as in the days of St. Paul. "He that doubteth is" not "condemned," perhaps, but runs a chance of being starved. The fewer questions asked in respect of things set before us, the greater our satisfaction, probably, in eating them. Of course, the incidence of the grievous wrong of food adulteration falls with increased weight on the stomachs of the poor. There has just been issued a Report by Mr. Rowsell on the supply of provisions to the workhouses of the metropolis. The examination of butters, he says, from both a chemist's and a commercial point of view, testifies to the very inferior quality of the article generally supplied. "It is difficult to get rid of the idea that a considerable proportion of the workhouse butter consists of animal fat—horse fat,—of which large quantities are shipped off regularly to Hamburgh, to return 'made up' into what is termed in the trade 'bosh butter.' On the whole I am not surprised to find that some inmates of workhouses prefer dripping to butter upon their bread." Perhaps we ought to congratulate ourselves on the fact that horse fat is not, after all, so disgusting as Thames mud.

Old Dreadnought.—The matter shall be fully discussed in a future number.

ON THE USE OF HYDRATE OF CHLORAL IN THE PREVENTION OF SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—As during the next few weeks medical men will frequently be requested by holiday pleasure-seekers to prescribe a preventive of sea-sickness, I am desirous of directing attention to the value of chloral hydrate for that purpose. Isolated cases illustrative of the use of chloral in this disorder have been from time to time recorded in the medical journals; but, so far as I have seen, no collection of cases sufficiently large in number to enable us to form a correct estimate of its utility, or the reverse, has yet appeared.

During the spring of the present year an unusually favourable opportunity for experimenting as to the value of chloral in sea-sickness presented itself—viz., an exodus of stone-cutters which took place from Aberdeen to New York, and of this I gladly availed myself. Being appealed to by a considerable number for "a cure for sea-sickness," I ordered in every case hydrate of chloral. Its effects were of the happiest description; for out of upwards of eighteen cases, in one only did the drug fail to fulfil the indications for which it was prescribed. The weather during all the voyage was rough, and sickness among the other passengers was exceedingly prevalent. So satisfied were the men who went out first of the efficacy of the medicine they had employed, that they wrote home, directing those who were to follow to supply themselves with similar prescriptions. I may also mention the case of a young lady, a martyr to sea-sickness, who on sailing the other day had no sooner left this harbour than she began to feel sick. She therefore, according to my directions, took a dose of chloral and lay down, the result being that during the whole passage, lasting two days, she was perfectly free from her former enemy. The same result has attended many other cases in which I have given it. The dose I generally employ is thirty grains in slightly sweetened water, directing the patient to take a like quantity if relief does not follow in twenty minutes. I advise a little light, easily digested food to be taken before sailing, and direct the chloral to be taken and the patient to lie down on the first symptoms of sickness presenting themselves.

Yours, &c.,

Aberdeen, July, 1872. J. C. OGILVIE WILL, M.D.

THE STOURBRIDGE BOARD OF GUARDIANS AND MR. PEARSE.

WE are sorry that Mr. Pearse should have diverted attention from the points really at issue between him and the Board to the incidental one of his non-attendance. He has put himself right by expressing regret for this; and if the guardians are unreasonable, he will appeal at a great advantage to the Local Government Board.

A Surgeon.—Bromide of potassium has been prescribed with advantage in such cases. We would advise our correspondent to try its effects in twenty-grain doses at bedtime.

ECTROTIC TREATMENT OF SMALL-POX AND SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—In writing to corroborate Dr. Watson's treatment by sponging with carbolic-acid solution, I feel now no little reproach for not having written you earlier on the subject, as I have been practising that treatment for two years and a half; and so great has been my success, that I actually aspired to having a hundred cases without a death before publishing the results. In this, however, I have within the last fortnight been disappointed, as, although I had eighty-four cases without a death, I have had five deaths in the eight subsequent cases. One of the cases, however, had not been treated at all until he had become dropsical, and one had lately been operated on for disease of the first joint of the forefinger, which was removed. He also suffered from rickets. The strength of the lotion I employed was two drachms of the pure acid dissolved in twelve ounces of water. Half a cupful of this, with a sufficiency of hot water to make it tepid, was used at each sponging, which in mild cases was directed to be done every four hours, and in severe cases every two hours. The sponging invariably had a sedative effect, the little patient almost always sleeping calmly after each sponging. But although I have found this treatment of scarlet fever eminently successful, when applied to the treatment of small-pox it was not so favourable. I have sponged cases of small-pox with carbolic-acid lotion, applied carbolic oil, and injected carbolic acid and water. I did not obtain such good results as reported by Dr. Watson. It must be mentioned, however, that I only tried it in confluent, unvaccinated, and hæmorrhagic cases. I abandoned this method of treatment, and adopted that by injection of lymph, to which I adhere, notwithstanding Dr. Grieve's unfavourable report on cases similar to those in which I had previously indicated failure. *Apropos* of this, I am waiting till Dr. Grieve has concluded his report to reply to him.

I am, Sir, yours truly,

Edinburgh, July 17th, 1872. R. C. PURDEY, L.R.C.S.

SWIMMING BATHS FOR CLAPHAM AND BRIXTON.

A PROJECT has been started, with fair prospects of success, for providing bathing accommodation in the suburban neighbourhood of Clapham and Brixton, where the population is rapidly increasing, and where there is ample need for such provision. The prospectus of the Company, which has been incorporated, states that it is proposed first to erect swimming and plunging baths for ladies and gentlemen, and afterwards to add Turkish, medicated, and vapour baths as the demand for them arises. An eligible site has been selected on land forming part of the Peabody estate at Brixton, and the water will be drawn from an Artesian well, which it is said will yield a pure and unlimited supply. We observe with pleasure that in the list of supporters of the undertaking are the names of many of the medical practitioners in the locality, as it shows that they are fully alive to the importance of swimming baths, not as a luxury simply, but as an invaluable sanitary agent. It would be a good thing if swimming baths were established, not only at Brixton, but in other suburban parts which equally stand in need of them.

Colchester.—The question is a fine legal one, on which we cannot speak confidently. Strictly speaking, our correspondent should have been *registered* at the time of the attendance.

M.R.C.P.—We have never heard of a "speculum chair"; but possibly our correspondent's question may act as a suggestion to mechanicians.

IRRITATION OF SKIN IN TREATMENT OF ANEURISM BY COMPRESSION.

To the Editor of THE LANCET.

SIR,—The treatment of aneurism by compression, either instrumental or digital, of the artery on the cardiac side of the sac is, I believe, now considered preferable to any of the other methods for obtaining a cure, and, where applicable, ought at least to be attempted first, being the simplest, and not liable to be followed by the same accidents as deligation, galvano-puncture, manipulation, &c. But this pressure, though occasionally effective in a few hours, has frequently to be kept up many days or even weeks before fibrine is deposited in sufficient amount, and the great difficulty (and often cause of non-success) of this mode of treatment is the pain induced by the irritation and consequent danger of the skin sloughing at the point compressed. The suggestion I have to make is, that a strong solution of tannin or carbolic acid should be applied to the spot previously. The former, by uniting with the gelatine, converts the integument into a leathery substance; the latter forms immediately a dense, scar-like shield of the superficial tissues; both being perfectly devoid of sensibility. Both, of course, wear out in time. Again, where flexion is performed, as in cases of small popliteal aneurisms, the same condition at the inside of the joint would greatly facilitate the proceeding. At any rate, might not a lotion of alcohol, collodion, or some of the ordinary protectives of the skin used to prevent bedsores, &c., be advantageously employed in this respect? Dusting the part with hair-powder, as is commonly done, seems a very feeble measure. In old and cachectic individuals we have often to abandon these in other cases most successful methods of treatment after a short and ineffectual trial, solely for the above cause; and I think the plan I have indicated would enable the surgeon to apply pressure with greater ease and confidence, and would certainly lessen greatly the discomfort of the patient.

I remain, Sir, yours, &c.,

July 16th, 1872. W. A. S.

A Sanitary Officer will find the facts in support of the value of dry heat as a disinfectant in a paper published many years ago by Dr. Henry, of Manchester. A short and practical paper was recently published by Dr. A. Vans Best of Aberdeen, on "Epidemic Hospitals," which would, we think, prove serviceable to our correspondent. He recommends, for disinfecting purposes, an oven to be obtained of Messrs. Sidney & Aming, 5, Swinton-street, Gray's-inn-road. It is described as a patent multitubular, superheated steam oven. The chamber is surrounded by a large number of hermetically sealed iron tubes, containing a certain amount of water confined in them. The tubes are secured in a slanting position, so that the water may lie in a small furnace, and the superheated steam will speedily raise the temperature in the chamber without tearing the tubes, and at a minimum expense of fuel.

REMUNERATION OF ASSISTANTS.

To the Editor of THE LANCET.

SIR,—One would imagine from the apathetic way in which "R. H. L.'s" letter in your journal of June 22nd has been received by us that we had sunk lower than slaves, and require some philanthropic individual to take us by the hand, and add a small annuity to our now miserable pittance.

What can be the reason that so much apathy is shown? Can it be that we are satisfied with our present salaries and position? I should fain hope not; but if we are, then indeed are we sunk low, and do really require some philanthropic M.P. to bring in a Bill next session for the better protection of that poor ill-used individual, the medical assistant. I believe, however, that unless we help ourselves, no one else will; and I think a good plan would be, seeing that now almost every county has its Medical Association, and that seven-tenths of the members have assistants, that the assistants should in a quiet and gentlemanly way lay their grievances before the Association, and I have no doubt that we would in a great measure succeed; for I firmly believe that were our principals to know that we were *united* in our efforts to ameliorate our position, they would to a great extent accede to our wishes. If this should fail, then I would propose that, as a last resource, we should memorialise the Medical Council, and the various Colleges and Halls granting diplomas, to take steps to prevent their licentiates or members from employing, or in any way countenancing, unqualified assistants, who, I believe, are the chief cause of our present unsatisfactory position.

Yours respectfully,

July 17th, 1872. A QUALIFIED ASSISTANT.

Fair Play.—The licence mentioned is not registerable. The holder of it therefore, not possessing any other medical qualification, cannot, we think, legally style himself "surgeon-accoucheur." Still, as this designation is not specially mentioned in the 40th clause of the Medical Act, the result of an appeal to the law on the matter is open to doubt.

Mr. Donald Macaulay had better consult some respectable surgeon in his own neighbourhood. We cannot undertake to recommend anyone by name.

Justitia (Tunbridge Wells) has omitted to enclose his name and address.

TREATMENT OF MEDICAL MEN BY EACH OTHER.

To the Editor of THE LANCET.

SIR,—Like most other medical men, I am a constant reader of THE LANCET, and in looking over your last week's issue I noticed a letter, signed "L.M.," under the above heading. Finding at once that I was the Dr. C. alluded to, permit me to say that I am in a position to confirm the simple narrative of facts there given by "L.M.," who modestly enough, and in accordance with a character which I feel assured has only to be known to be appreciated, has kept in the background his real name and address. However, in what follows such is not my intention; for, while I admit that there is some amount of truth in your other correspondent's (H. R. L.) note, so long as we have not a Court of Ethics to appeal to—so long as the unhappy condition of things remains to which he alludes (and which, by-the-bye, I am at a loss to see how his panacea of a preliminary education is to remove, unless he includes with it a searching examination into the candidates' sense of high moral tone and gentlemanly feeling),—I believe that an appeal to you, our common Mentor, will be, as heretofore, the only reliable corrective for a state of things much to be deplored. I also believe that if these appeals are to have their proper weight, the real names of those concerned should in most cases be given, inasmuch as it would then always enable those neighbours of the delinquent who desire to act as gentlemen to estimate him at his proper value.

About five months ago I was engaged by Mrs. A., the lady alluded to in "L.M.'s" letter, to attend her at her expected confinement with her first child. At the time of making this engagement she stated to me that Mr. V. W. Blake had been the medical attendant of her family for some time; but that, as she now lived near me, and as I had been highly spoken of by a lady friend of hers whom I had attended, she felt that she would prefer me to him. To this I made no remark, but simply entered her name in my engagement-book. During this period of five months I have frequently attended upon Mrs. A. for the little ailments incident to her condition, which I also discovered to her on consultation; and but for my unfortunate absence, as stated by "L.M.," in all human probability I should have attended her at her confinement. The lady's husband, finding I was not at home, went at once to "L.M.," who has given you a graphic relation of his experience; while the father of the lady, in his great anxiety for an only daughter, fetched Mr. Blake, and requested him to take charge of her. I arrived at the lady's house just as the case had been concluded, *and while Mr. Blake was still there*, and who, although he could not help but be aware of my presence, did not see me, even though I asked for him. Finding the lady's friends felt, naturally enough, that, as Mr. Blake had attended the case, they would like him now to continue it on, at the same time expressing their regret it had so happened, and stating their willingness also to pay my fee, I then made the remark that I should willingly accede to their wishes, but observed that there was a certain amount of etiquette and good manners due from one gentleman to another, which I considered Mr. Blake had not observed towards me. With this I retired, forming my own estimate of Mr. Blake; and here indeed, so far as I am concerned, the matter would have ended had not Mr. Blake been silly enough to add what I considered insult to injury by sending to me the next day the note as below.

"6, Old-square, June 27th, 1872.

"MY DEAR SIR,—I was called this afternoon to MRS. A——, of Bloomsbury. I understand that you were engaged to attend her in her confinement; but she is the daughter of an old patient of mine, and I had every reason to expect that I should have been selected to be with her. It so happened that you could not be found, and I did attend her at the urgent request of her father. I have been asked to continue on my attendance, and, the family having been for some time under my care, I must under all the circumstances accede to their request.

"Believe me, yours very truly,

"Dr. Griffiths." "V. W. BLAKE.

To this I replied by stating to Mr. Blake that only a few weeks ago I had been fetched to a case under exactly similar circumstances; that the family on giving me my fee expressed exactly the same wish as this lady's friends had done; to which I made answer, "No, I cannot accede to your wishes; the fee you have given me I shall give to Dr. —— on his return, when I shall also retire, and leave you in his care," as I considered it would be most unprofessional and ungentlemanly of me to take advantage of his accidental absence to rob him of a patient; that the only way I could continue on with the case was by obtaining his permission, which under the circumstances he would most likely give; and that had he (Mr. Blake) taken the same course, no difficulty need have arisen, as I considered that in our turn we are all alike liable to such mishaps; telling Mr. Blake also that I was very unwilling to believe that so old and respectable a member of our profession as himself could willingly and intentionally act as he had done; that if he would admit that his doing so was an error of judgment, I would accept it as the *amende honorable*, otherwise I should appeal to you for a decision, upon which I was willing to abide. To this communication Mr. Blake has not condescended to reply.

I now, therefore, wish to ask you, Sir, whether such a line of conduct is becoming a practitioner of thirty years' standing, a Fellow of his College, one of ample means, and one who professes to be a gentleman, towards a younger brother of the same profession, who only a few months since was called to a patient of Mr. Blake's during his absence from town, but who, on Mr. Blake subsequently appearing, at once retired, making the remark that, as he knew the patient to be Mr. Blake's, he had merely filled the gap caused by Mr. Blake's absence, and that he should then have much pleasure in leaving him to take charge of the case; and retire I did, without, if my memory serves me right, receiving even Mr. Blake's thanks for something like a two hours' attendance on a most critical state of things.

Yours respectfully,

Birmingham, July 8th, 1872. EDWARD T. GRIFFITHS, M.D.

SMALL-POX IN EDINBURGH.

FROM the medical officer's report, it appears that Edinburgh is almost free from small-pox, only three deaths from that disease having been registered last week, two within the Old Town, and one from the New Town. The City Small-pox Hospital received eight patients during the same period, and six were dismissed cured; there were no deaths. Indeed, only one death has occurred in this hospital since the 28th ult. The number under treatment on the 13th inst. was 31. The Infirmary was free from cases of small-pox, though there were twelve fever cases, five of them being scarlet fever.

An Intending Candidate will find that we have already announced that there is to be no competitive examination for the British medical service this year; but there will be one for the Indian Medical Department in August next.

G. B.—We think no benefit would result from reopening the question. If our correspondent will refer to our last volume, he will find that the matter has been fully discussed.

MEDICAL EXAMINATION OF SEAMEN.

To the Editor of THE LANCET.

SIR,—Having as a resident at this port for several years observed (as colonial medical men, from their position, are much better able to do than those at home) the great evils arising from seamen not being examined before leaving home—the loss to the owners in work and expenses, with danger to their vessels, which are never over-manned, from part of the crew being constantly sick, and the sad end of some such men, who had better have died at home among their families, I hope that the following cases illustrating these remarks may be acceptable, as I see that you very properly draw attention to the matter in your issue of April 27th. Although Government ought to carry fully into effect the requirements of the Act, it has always seemed strange to me, and to other medical men with whom I have conversed, that owners do not for long voyages get men examined in their own interest, as, in the case of consumption mentioned below, the expense (without counting loss of work and danger from the ship going home short-handed, as she had to do) is often five or six times what it would have cost to get the whole crew of fifteen men examined in London.

CASE 1.—J. J.—— (August, 1871), admitted to hospital with syphilis, and had heart disease; had to be left behind by his vessel.

CASE 2.—A. R——, from an English vessel. According to the notes of his case in the hospital records (kindly shown to me by Dr. Born, the hospital superintendent), "he has had syphilis for a long time, has sinous ulcers of the groin and great swelling of the integuments, and deposition of plastic matter.

CASE 3.—P. E—— (August, 1871). Case of syphilis, which appeared to be of long standing.

CASE 4.—C. S——, a Dane, sailor from a London vessel, who died in hospital here a month since of consumption. On post-mortem examination, at which I was present, the left lung was found to be a solidified contracted mass of tubercle, with which the right lung also was studded all over. This poor fellow's anxiety to get home to his family was painful to witness.

CASE 5.—S. P——, aged forty-seven years, admitted to hospital with a large indolent ulcer on his leg.

Now, I beg it to be distinctly understood that these are simply cases illustrative of a class of cases of which I have seen many both on shore and on board the ships in the harbour, of whom not one ought ever to have been shipped, or in all probability would have been had they been subjected to a proper medical examination in London.

I remain, Sir, yours respectfully,

W. MUNRO, M.D., C.M.,
Medical Officer of District No. 1.

Basseterre, St. Kitt's, W.I., June 27th, 1872.

A Constant Reader.—The liability of the Railway Company is a legal rather than a medical question. Our correspondent should make a claim upon the gentleman injured, and leave him to get it from the Railway Company if he can.

Mr. W. H. Platt will see that we have noticed the anomaly about which he wrote some weeks ago.

A First-year's Man.—Cyanide of potassium would probably remove the stains.

L.—Our correspondent is labouring under a mistake. The medicines could not have had the effect that he ascribes to them.

M.B., (Preston New-road.)—We have received no such communication as that to which our correspondent alludes, and it is very improbable that it would be inserted; but it would be a breach of confidence to act as our correspondent suggests.

N. CAMBS COTTAGE HOSPITAL.

To the Editor of THE LANCET.

SIR,—Referring to the annotation in your impression of the 6th instant, which was copied into the local papers here, we beg to observe, as the architects employed in the design of this building, that the writer, apparently startled by the term *Gothic*, has jumped to an erroneous conclusion, but need be under no fear that it will labour under the defects usually ascribed to buildings designed on the Gothic plan. The elevation certainly bears somewhat of a Gothic character as far as a plain brick building with pointed heads on the lower story may contribute to form a style. As regards nooks or crannies, it would be difficult to find anything approaching to one or the other, unless in the angles formed by rectangular walls only. The amount of air space accorded to each patient is vastly in excess, both in the general and occasional wards, of that usually allotted; and we may further add that the benevolent lady who is to build and endow the hospital, as also the four medical gentlemen who form a portion of the committee, have unanimously approved of its provisions in every respect.

We are, Sir, your obedient servants,

WILLIAM ADAMS AND SON.

Wisbeach and King's Lynn, July 16th, 1872.

THE MANUFACTURE OF DIPLOMAS.

Z. Y. Z.—The Act repealing the Acts which incorporated the Philadelphia University or American College of Medicine and the Eclectic Medical College of Pennsylvania is dated March 22nd, 1872. Such Acts do not generally apply retrospectively; but diplomas granted unlawfully, or to persons not qualified to receive the same, as a mere matter of sale, are worthless, and do not entitle the holder to practise anywhere. The young man who negotiates for such degrees must have very little respect for himself, and may confidently rely on other people having less.

Dr. H. T. Scott.—We cannot notice the matter in the form in which it is placed before us.

THE MEDICAL PROFESSION AND LIFE ASSURANCE COMPANIES.

To the Editor of THE LANCET.

SIR,—It is as well you should know that the London Life Association still pays no fees to medical men for their reports on lives, on the plea that it is "a mutual assurance society, and not a trading corporation"!

Yours truly,

Gloucester-terrace, W., July, 1872. W. W. LEADAM, M.D.

Mr. T. W. Hime (Sheffield) requests us to state that he is not the gentleman whose appointment to the Hydropathic Establishment at St. Ann's, Cork, we announced last week.

CORRIGENDA.—In Dr. Campbell Black's letter published in our last impression, page 60, line 8 of second column, for "expostulated," read "*postulated*"; and on the next page, second column, line 27, for "medical charity gratuitously," read "medical *attendance* gratuitously."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Rumsey, Cheltenham; Dr. Leared; Dr. Maunsell, Kingston, Jamaica; Mr. Evers; Mr. Appleyard, Tasmania; Dr. R. Grieve, Hampstead; Mr. Wilson, Liverpool; Mr. Macauley; Dr. Willing, Great Wakering; Mr. W. Ashman; Mr. Graves; Mr. Hopwood; Dr. Savage; Dr. Bell, Glasgow; Mr. E. Lee, Fulham; Mr. Kendall, Hertford; Dr. M'Kenzie; Mr. Date, Crewkerne; Mr. Goldie; Dr. O'Leary, Charleville; Mr. Cheese, Newport; Mr. Stern, Jamaica; Mr. Wallis; Mr. E. M. Cree; Mr. Cousins, Thame; Dr. M'Rae; Mr. Hall; Mr. G. Taylor; Dr. Kemp, Horbury; Dr. Irvine, Ingleton; Dr. Leadam; Mr. Baker; Dr. Williams, Haywards Heath; Mr. Sedgwick; Messrs. Barrand and Jerrard; Mr. White; Mr. Stedman, Godalming; Dr. Goss; Mr. Holmes, Leeds; Mr. James, Oakham; Dr. O'Keeffe, Cork; Mr. Spreck, Leamington; Mr. Compton, Lytham; Mr. Brown; Mr. Hovell, Folkestone; Mr. Hayman, Largs; Mr. Clark, Farnham; Mr. Pritchard; Dr. J. More, Rothwell; Mr. Fowler; Mr. J. N. Bredin, Sutton Valence; Mr. Butler, Guildford; Mr. Griffiths, Poole; Mr. Eaton; Mr. E. C. Ling, Saxmundham; Mr. Sawyer; Mr. Seymour; Dr. Gooding; Mr. T. White; Dr. O. Will; Mr. Longhurst, Ryde; Dr. Munro, St. Kitt's; Mr. B. Fifield, Robertsbridge; Mr. Hime, Sheffield; Mr. Wood; Mr. Macaulay, Cannock; Dr. Taylor, Scarborough; Mr. Davis; Messrs. Wm. Adams and Son, Wisbeach; Dr. Cumming, Hastings; Mr. W. Pease; Mr. W. J. Bullock; Mr. B. Jocelyn, Dunoon; Mr. Crook, Whitby; Mr. B. Ryan, Mullingar; Dr. Foster, Leeds; Mr. Bourne, Croydon; Mr. E. R. Rowland; Mr. Lewis, Bedford; Mr. Gill, Cromer; Mr. F. H. Haynes, Warneford; Mr. Bagshawe; Mr. Morton, Brightside; Dr. Malins, Birmingham; Mr. Green, Taunton; Dr. De Solms, Cannes; Mr. Bellyne; Mr. J. Tyndall; Mr. E. Edwards, Carlisle; Mr. Danvers, Orpington; Mr. Verity, Garndiffaith; Mr. Furley; Mr. Kendall, Maidenhead; Mr. Trustram; Dr. J. F. Dickson; Mr. Borham, Cranfield; Mr. Nash, Ludlow; Dr. Murphy, Richmond; Mr. Howell, Leicester; Mr. Porter, Keighley; Mr. Harmer, Ilkeston; Mr. Atkinson; Mr. Page; Mr. Prior; Mr. Curry; M.D.; Beta; G. O.; Justitia; Ishmael; M.R.C.S., Clifton; Delta; A First-year's Man; W. A. S.; A. M.; Medicus; Colchester; Z. Y. Z.; The Secretary of the National Health Society; Insatiabilis; Fair Play; A Qualified Assistant; Old Dreadnought; C. B.; M.R.C.S., L.S.A.; &c. &c.

New South Wales Medical Gazette, Monthly Review of Dental Surgery, Australian Medical Journal, Manx Sun, Le Bordeaux Médical, Dublin Evening Mail, Brierly Hill Advertiser, Colonial Standard (Jamaica), *Pembrokeshire Advertiser, Newcastle Chronicle, Mansfield and North Notts Advertiser, Parochial Critic, Exposition Universelle*, and *Kentish Mercury* have been received.

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